

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: AL**  
**APPLICATION YEAR: 2011**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2011**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: AL**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,721,312

A.Preventive and primary care for children:

\$ 4,285,359 ( 36.56%)

B.Children with special health care needs:

\$ 3,516,394 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,172,131 ( 10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 27,918,090

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 4,556,370

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 55,300,816

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 15,408,615

\$ 87,775,276

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 99,496,588

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 127,127

c. CISS: \$ 142,115

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 131,565,690

h. AIDS: \$ 4,616,188

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Hemophilla of GA \$ 28,700

Immunizations \$ 52,454,813

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 188,934,633

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 288,431,221

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AL**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,348,338	\$ 11,764,724	\$ 11,940,000	\$ 11,395,148	\$ 11,875,207	\$ 11,670,784
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 22,604,116	\$ 21,127,522	\$ 33,146,271	\$ 27,644,713	\$ 27,626,462	\$ 32,765,125
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 4,217,138	\$ 3,749,856	\$ 4,313,726	\$ 3,794,909	\$ 3,894,284	\$ 3,794,909
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 33,592,222	\$ 33,578,277	\$ 30,486,301	\$ 33,851,693	\$ 35,037,072	\$ 42,332,334
<b>7. Subtotal</b>	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463	\$ 78,433,025	\$ 90,563,152
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 137,730,249	\$ 169,023,409	\$ 138,820,269	\$ 183,383,141	\$ 169,023,409	\$ 191,882,611
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 210,492,063	\$ 239,243,788	\$ 218,706,567	\$ 260,069,604	\$ 247,456,434	\$ 282,445,763
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AL**

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 11,683,733	\$ 11,706,599	\$ 11,723,121	\$	\$ 11,721,312	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 31,201,723	\$ 29,384,544	\$ 32,988,189	\$	\$ 27,918,090	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 4,860,537	\$ 4,031,708	\$ 4,505,688	\$	\$ 4,556,370	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 41,643,312	\$ 54,041,011	\$ 47,906,361	\$	\$ 55,300,816	\$
<b>7. Subtotal</b>	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 0	\$ 99,496,588	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 183,383,141	\$ 189,767,689	\$ 191,882,611	\$	\$ 188,934,633	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 272,772,446	\$ 288,931,551	\$ 289,005,970	\$ 0	\$ 288,431,221	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 State Funds Expended increased from budget amount by 18.6% or a net of \$5,138,663. There was a change of \$4.89 million in State Funds which is the product of total Program costs (\$13.923 million) rising at a faster pace in FY 2008 than funds from earned income and Federal support (\$9.035 million) to cover these costs when compared to the base year 2006. CRS reported an increase in State Funds of \$251,447 during this period making the total difference of \$5.138 million.
- 2. Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Other Funds expended decreased from budgeted amount by 17.05% or a net of \$828,829. CRS expenditures for FY 2009 were about \$829,000 less than the budgeted amount (17%). The difference in other funds represents the difference in requested versus received dollars and includes a proration of funds specifically related to the Hemophilia program.
- 3. Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Program Income increased from budgeted amount by 29.78% or a net of \$12.3 million. The FY 2009 budget was based on the activity/cost in 2007 and over this time period we have experienced substantial growth in the number of patients served and care coordination activities due to referrals from Medicaid and Newborn Screening. The majority of the net cumulative change can be attributed to Family Planning (\$7.5 million), Family Planning Care Coordination (\$2.5 million) and Patient 1st Care Coordination (\$2.5 million).
- 4. Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Program Income increased from budget amount by 20.8% or a net of \$7,295,262. This net change in Program Income was due to the growth in care coordination activities which increased 12.6% from the base year 2006. Family Planning (\$3.9m), Family Planning Care Coordination (\$1.9m), EPSDT Care Coordination (\$1.6m) and Patient 1st Care Coordination (\$1.3m) accounted for the majority of this change. CRS reported an \$850k decrease in program income which was reflected in the net change.
- 5. Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Other Federal Funds increased from budget amount by 13.5% or a net change of \$22,859,202. The majority of this change can be attributed to WIC, Immunizations and Ryan White. The FY 2008 budget was developed using 2006 activity and did not anticipate the growth over the 2-year period. WIC average monthly caseload increased 10.7% from 121,759 to 134,839 which resulted in an increase in costs of \$16.35m. Immunizations costs increased 8.77% or \$3.8m with the VFC Federal entitlement program showing the most growth over the 2-year period. Ryan White Care Act grant for Women, Infants, Children and Youth cost increased a total of \$2.5m from \$3.7m in 2006 to \$6.3m in 2008.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: AL**

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 8,065,538	\$ 2,265,122	\$ 6,961,429	\$ 2,034,994	\$ 2,530,040	\$ 1,822,499
b. Infants < 1 year old	\$ 7,963,034	\$ 8,175,811	\$ 7,810,031	\$ 8,256,011	\$ 8,121,086	\$ 10,241,537
c. Children 1 to 22 years old	\$ 25,089,746	\$ 36,104,693	\$ 33,338,163	\$ 38,125,132	\$ 35,863,023	\$ 46,869,500
d. Children with Special Healthcare Needs	\$ 28,225,106	\$ 22,626,534	\$ 29,459,973	\$ 26,028,718	\$ 30,728,694	\$ 30,428,899
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 3,418,390	\$ 1,048,219	\$ 2,316,702	\$ 2,241,608	\$ 1,190,182	\$ 1,200,717
g. SUBTOTAL	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463	\$ 78,433,025	\$ 90,563,152
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 636,335		\$ 0		\$ 0	
b. SSDI	\$ 89,363		\$ 94,156		\$ 100,720	
c. CISS	\$ 43,113		\$ 23,553		\$ 7,314	
d. Abstinence Education	\$ 998,400		\$ 985,926		\$ 734,577	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 112,802,512		\$ 111,717,644		\$ 121,044,616	
h. AIDS	\$ 2,081,922		\$ 2,272,310		\$ 3,763,146	
i. CDC	\$ 553,783		\$ 484,191		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Hemophilia of GA	\$ 0		\$ 28,700		\$ 28,700	
Immunizations	\$ 20,496,121		\$ 23,213,789		\$ 43,344,336	
Hemophilia of GA.	\$ 28,700		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 137,730,249		\$ 138,820,269		\$ 169,023,409	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: AL**

	FY 2009		FY 2010		FY 2011	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 2,089,939	\$ 1,132,827	\$ 1,871,707	\$	\$ 1,156,616	\$
b. Infants < 1 year old	\$ 8,215,228	\$ 11,057,451	\$ 10,348,544	\$	\$ 11,055,033	\$
c. Children 1 to 22 years old	\$ 37,936,803	\$ 53,381,506	\$ 47,359,209	\$	\$ 53,369,834	\$
d. Children with Special Healthcare Needs	\$ 38,534,412	\$ 32,098,231	\$ 36,256,204	\$	\$ 32,416,244	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 2,612,923	\$ 1,493,847	\$ 1,287,695	\$	\$ 1,498,861	\$
g. SUBTOTAL	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 0	\$ 99,496,588	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 118,896	\$ 67,930	\$ 127,127
c. CISS	\$ 0	\$ 0	\$ 142,115
d. Abstinence Education	\$ 1,064,661	\$ 943,608	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 130,602,103	\$ 137,395,102	\$ 131,565,690
h. AIDS	\$ 3,115,232	\$ 6,300,199	\$ 4,616,188
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Hemophilia of GA	\$ 0	\$ 0	\$ 28,700
Immunizations	\$ 48,453,549	\$ 47,147,072	\$ 52,454,813
Hemophilia of Ga.	\$ 0	\$ 28,700	\$ 0
Hemophilia of GA.	\$ 28,700	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 183,383,141</b>	<b>\$ 191,882,611</b>	<b>\$ 188,934,633</b>



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Pregnant Women expended decreased from budgeted amount by 45.8% or \$957,112. This rate of decline is consistent with the change in ADPH focus to withdraw from providing prenatal services. Subsequent applications will reflect only the costs associated with the Maternity Program that exist Mobile and Cullman County.
- 2. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Pregnant Women expended decreased from budgeted amount by -\$27.9m or \$707,541. As mentioned in previous applications, we continue to see ADPH's commitment to withdraw from providing prenatal service. Also, the rate of decline in services is slowing and should begin to reflect the costs associated with the Maternity Program which exists in Mobile County and the CHD providing postpartum exam visits.
- 3. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Infants < 1 year old increased from budgeted amount by 35% or \$2.8 million. The FY 2009 budget was based on activity/cost in 2007. A better reflection of current cost/trends would be to use 2008 cost data as a comparison to 2009 which shows an increase of 8% or \$815,000. While the percentage of infants to total Child Health visits remain level its share of total Child Health costs would increase over the two year period.
- 4. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Infants < 1 year old increased from budgeted amount by 26% or \$2.01m. In comparing the FY 2008 Child Health Visits Report to the base year of 2006, the category for infants <1 year old makes up an increasing percentage of these visits for the 2-year period. Infant activity increased by 7.2% and as expected this category share of total Child Health costs would rise over the period by approximately \$2.01m. Newborn Screening Program alone accounted for \$1.08m of this cost increase.
- 5. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Children 1 to 22 years old increased from budgeted amount by 40.7% or \$15 million. The FY 2009 budget was developed in 2007 using activity/cost in that year. Using the previous year 2008 cost data to compare FY 2009, the increase of 13% or \$6.5 million is a better reflection of current cost/trends. While the percentage of children 1 to 22 years Child Health visits shows a small increase, the share of total Child Health costs would rise over the period by approximately \$15 million. The primary reasons for the increased expenditures from 2007 to 2009 is driven by Patient 1st and EPSDT Care Coordination programs for children, birth to age 21 which increased 33.9%.
- 6. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Children 1 to 22 years old increased from budgeted amount by 30.7% or \$11 million. The primary reasons for the increased expenditures is driven by Patient 1st and EPSDT Care Coordination programs for children, birth to age 21. Rapid growth has occurred since the 2008 budget was developed in 2006. Since FY 2006 clients for these 2 Programs have increased from 27,478 to 34,066 or 23.9% in FY 2008. Care Coordination accounts for approximately \$8.7 million of the increase. In 2008 another effort that was initiated, the Together for Quality (TFQ) pilot in 8 counties which provided referrals for asthma and diabetes clients and added an additional \$1.4 million to the increase.
- 7. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
Expended differs from budgeted amount by about \$6.4 million or 16.7%. The difference between FY 2009 budget and expenditures reflects the difference in requested versus received state and other funds and proration, as well as smaller differences in program income and federal Block Grant dollars allocated to the CSHCN Program.
- 8. Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Administration expenditures decreased from budgeted amount by -42.8% or \$1.1 million. The FY 2009 budget which used 2007 as a basis was overstated by a \$1.1 million CRS transfer paid using FY 2008 funds. The transfer cost for CRS was entered at \$3.8 million and the actual cost for 2007 was \$2.7 million.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AL**

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 48,481,482	\$ 48,015,524	\$ 52,672,381	\$ 46,595,793	\$ 52,956,775	\$ 47,849,013
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,905,176	\$ 6,187,867	\$ 9,139,458	\$ 7,097,680	\$ 7,812,149	\$ 16,348,969
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 8,008,892	\$ 10,844,831	\$ 10,171,878	\$ 12,880,643	\$ 11,272,498	\$ 13,947,232
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,366,264	\$ 5,172,157	\$ 7,902,581	\$ 10,112,347	\$ 6,391,603	\$ 12,417,938
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463	\$ 78,433,025	\$ 90,563,152

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AL**

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 52,607,223	\$ 53,621,951	\$ 50,719,210		\$ 53,761,100	
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 9,730,205	\$ 18,991,434	\$ 17,585,361		\$ 19,054,683	
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,551,012	\$ 12,767,072	\$ 14,385,544		\$ 12,785,357	
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 13,500,865	\$ 13,783,405	\$ 14,433,244		\$ 13,895,448	
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 89,389,305	\$ 99,163,862	\$ 97,123,359	\$ 0	\$ 99,496,588	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2009  
**Field Note:**  
FY 2009 Enabling Services expended increased from budgeted amount by \$9.2 million or 95%. Plan 1st Care Coordination which is an enabling service was excluded from this category in previous applications. This is a reclassification issue that adds \$9.8 million to expenditures. The final affects of this adjustment should narrow the differences in budgeted vs. actual for 2010.
- 2. Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Enabling Services expended increased from budgeted amount by \$8.5m or 109%. Plan First Care Coordination which is an enabling service was excluded from this category in previous applications. This is a reclassification issue that adds \$8.8m to expenditures.
- 3. Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Population-Based Services expended increased from budgeted amount by \$2.67m or 23.7%. As previously mentioned in this application, focus has shifted from direct care to emphasizing the provision of case management /care coordination services. At the time 2008 budget was developed in 2006, changes in growth were not anticipated in 2 Programs Newborn Screening and EPSDT Care Coordination. Newborn Screening (\$1.08m) and EPSDT Care Coordination (\$1.67m) accounted for majority of the cost increase.
- 4. Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
FY 2008 Infrastructure Building Services expended increased from budgeted amount by \$6.0m or 94%. The majority of this increase \$5.73m is attributed to CRS. The budget for FY 2008 was set in FY 2006 which does not allow for modification based on current program expenditures. FY 2008 expenditures are a more accurate reflection of how CRS currently allocates resources by service type. A significant decrease is noted in direct services while a significant increase is shown for infrastructure-building services. This reflects a trend of redirection of resources towards infrastructure-building services that has been seen since FY 2006 and evidenced by actual expenditures.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: AL**

**Total Births by Occurrence:** 60,394

**Reporting Year: 2009**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	62,059	102.8	4	4	4	100
Congenital Hypothyroidism	62,059	102.8	30	30	30	100
Galactosemia	62,059	102.8	0	0	0	
Sickle Cell Disease	63,094	104.5	62	62	62	100

**Other Screening (Specify)**

Congenital Adrenal Hyperplasia	62,059	102.8	5	5	5	100
Cystic Fibrosis	62,059	102.8	22	22	22	100
Homocystinuria	62,059	102.8	0	0	0	
Methylmalonic Acidemia	62,059	102.8	2	2	2	100
Glutaric acidemia	62,059	102.8	0	0	0	
Carnitine transporter defect	62,059	102.8	3	3	3	100
2-Methylbutyryl-CoA Dehydrogenase Deficiency	62,059	102.8	0	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	62,059	102.8	6	6	6	100

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

The "percents" shown in Column A are actually based on ratios and, therefore, can exceed 100%. Details follow.

The Alabama Department of Public Health's (ADPH's) Bureau of Clinical Laboratories reports the number of newborn screening tests by fiscal year. The number of total births by occurrence is by calendar year. Some discrepancies may result due to the differing reporting periods.

As well, according to the ADPH's Bureau of Clinical Laboratories, some repeat newborn screening tests may be collected on a first test form and be counted as a first test sample. Due to this fact, the number of "initial" newborn screening tests sometimes exceeds the number of total births by occurrence.

Further, the screens counted include screens for infants born in Alabama to out-of-state residents. On the other hand, in accordance with Title V Information System instructions, the denominator for the ratio shown in Column A excludes births to out-of-state residents.

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2011  
**Field Note:**  
The number shown is the provisional estimate, as of April 16, 2010, of the number of births to Alabama residents that occurred in the State.
2. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
See "Form Notes for Form 6."
3. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
See "Form Notes for Form 6."
4. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
See "Form Notes for Form 6."
5. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2011  
**Field Note:**  
See "Form Notes for Form 6."
6. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
7. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
8. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
9. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Presumptive  
**Row Name:** SickleCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2011  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
10. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**  
All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.

There are 4 confirmed cases of PKU and 3 additional infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are,

some infants with hyperphenylalaninemia require dietary management.

11. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**

All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.

12. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**

There were no presumed positive cases.

13. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2011  
**Field Note:**

All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.

14. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_TreatmentNo  
**Row Name:** Phenylketonuria  
**Column Name:** Needing treatment that received treatment  
**Year:** 2011  
**Field Note:**

There are 4 confirmed cases of PKU and 3 additional infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

15. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2011  
**Field Note:**

Regarding Column A, the "percents" shown there are actually based on ratios and, therefore, can exceed 100%. See "Form Notes for Form 6" for details.

Regarding Column B for all "Other Screenings", the ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."

Regarding Column C for all "Other Screenings", all of the infants whose screens were defined by ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed as having the disorder.

ADPH's Newborn Screening Program is screening for 28 of the 29 primary disorders recommended by the March of Dimes and by the American College of Obstetricians and Gynecologists. One of these disorders is hearing impairment, which is not reported on this form. Only the conditions for which 1 or more infants had presumptive positive blood screens are listed here.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: AL**

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,780	62.9	0.0	1.9	35.2	0.0
Infants < 1 year old	58,956	48.3	0.0	45.2	4.1	2.4
Children 1 to 22 years old	33,800	62.3	3.5	7.1	27.0	0.0
Children with Special Healthcare Needs	16,296	63.5	2.2	22.8	11.5	0.0
Others	111,263	49.1	1.0	14.5	35.3	0.0
<b>TOTAL</b>	<b>222,095</b>					



## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
This note pertains to Columns B through F of the "Pregnant Women" row. The figures reported by the Mobile County Health Department were duplicated. Therefore, ratios (the duplicated number, of the respective category, over the duplicated total) were used to calculate the percentages.
- 2. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 3. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 4. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 5. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_None  
**Row Name:** Pregnant Women  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 6. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Unknown  
**Row Name:** Pregnant Women  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 7. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 62,059 newborns reported as receiving at least 1 screen for phenylketonuria in fiscal year 2009, yielding an estimate of 58,956 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number. (With 1 exception, Form 6 reports that 62,059 infants were screened for each of the conditions listed on Form 6. The exception is sickle cell disease, for which Form 6 reports that 63,094 infants were screened; but, compared to counts for other types of screens, the count for sickle cell screens may have included more repeat screens.)  
  
The percentages for "primary sources of coverage," shown in Columns B-F, assume that the insurance coverage for infants served under Title V was distributed identically to the insurance coverage for delivery of Alabama residential live births in calendar year 2008, as reported on the birth certificate. That is, source of payment for delivery of live births to Alabama residents in 2008 was used as a surrogate for insurance coverage of infants served under Title V. The year 2008, rather than 2009, was used because the final statistical live birth file for 2009 may not become available until October 2010--due to the time required to receive late-arriving certificates and to edit the live birth file.
- 8. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 9. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated. The birth certificate check boxes for source of payment for delivery do not provide a separate option for Title XXI.
- 10. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

11. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated. Deliveries for which the source of payment was reported as "self pay" are classified here in the "None" column.
12. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Unknown  
**Row Name:** Infants <1 year of age  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
13. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2011  
**Field Note:**  
Three source documents were used to estimate the number of children served under Title V. Estimates for this population are for children aged 1 through 21 years. The first of these 3 documents is entitled, "State of Alabama Department of Public Health Bureau of Family Health Services Child Health Table II Reporting Period: Oct 2008 –Sep 2009." This report is for county health departments (CHDs) in 65 of the State's 67 counties. The second source document is entitled, "Jefferson County Dept. Health Child Health Table 1 Report Total Reporting Period: 10/01/2008 to 09/30/2009." The third document is entitled, "Mobile County Health Department Child Health Table 1 Period: 10/08 – 9/09."  
  
The percentages shown total 99.9%, rather than 100.0%, because the Title V Information system shows percentage estimates carried to only 1 decimal.  
  
The percentages showing distribution according to primary source of coverage are rough estimates because Jefferson County Department of Health (JCDH) did not provide unduplicated counts according to source of coverage. For JCDH, we estimated the unduplicated count of patients according to source of coverage by applying a ratio to the duplicated count in each coverage category. The ratio was: the total unduplicated count of JCDH patients aged 1-21 years (20,314) divided by the sum of the source of coverage-specific duplicate counts of these children for JCDH (20,329), or 0.999262. For example, multiplying 0.999262 by the duplicated count of JCDH "Medicaid/Public" 1-21 year-old patients (11,657) yielded 11,648.39874—which is our estimated unduplicated count of Medicaid-enrolled 0-21 year-old patients served by JCDH. Using a corresponding method for each of JCDH's coverage categories, we estimated unduplicated counts for JCDH patients in this age group as follows: 715.4716907 classified as "ALL Kids"; 631.5336711 as "Patient"; 5,406.008166 as "Free"; 1,536.865168 as "Private Insurance"; and 375.7225638 as "None/Unknown." Summing the coverage-specific unduplicated estimates yields 20,314—which matches the total unduplicated count for 1-21 year-old patients shown on the source document for JCDH.
14. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2011  
**Field Note:**  
The numerator for this percentage is comprised of 21,061 1-21 year-old patients classified as "Medicaid."  
  
The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.
15. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2011  
**Field Note:**  
The numerator for this percentage is comprised of 1,195 1-21 year-old patients classified as "ALL Kids." ALL Kids is Alabama's Children's Health Insurance Program.  
  
The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.
16. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2011  
**Field Note:**  
The numerator for this percentage is comprised of 2,392 1-21 year-old patients classified as "Private Insurance " or "Private/Other Insurance."  
  
The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.
17. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2011  
**Field Note:**  
The numerator for this percentage is comprised of 9,152 1-21 year-old patients classified as "Free", "Patient", and "None."  
  
The Column A for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.
18. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2011  
**Field Note:**  
There were no 1-21 year-old patients classified as "Unknown" in any of the three source documents listed in Column A field note for this row.
19. **Section Number:** Form7\_Main

**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2011

**Field Note:**

Complete insurance information was not collected on every child to whom a service was provided. Insurance data reported are on the 12,508 children enrolled in Children's Rehabilitation Service during FY 2009 for whom insurance information was gathered. This number excludes children who received information and referral services and calculations account for children who received on-site screenings for hearing loss and/or scoliosis in partnership with local schools, daycare facilities, and HeadStart Centers in underserved areas.

**20. Section Number:** Form7\_Main

**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2011

**Field Note:**

Individuals served by the Alabama Department of Public Health's Family Planning Program in FY 2009 are reported in this row.

This note pertains to Columns B through F of the "Others" row. On the insurance reports, the figures for all of the counties, save Mobile, did not equal the final numbers reported to the U.S. Department of Health and Human Services. Therefore, ratios (the number, for a respective category, over the total) were used to calculate the percentages. The ratios were built using numbers from the insurance reports.

**21. Section Number:** Form7\_Main

**Field Name:** AllOthers\_XIX  
**Row Name:** Others  
**Column Name:** Title XIX %  
**Year:** 2011

**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

**22. Section Number:** Form7\_Main

**Field Name:** AllOthers\_XXI  
**Row Name:** Others  
**Column Name:** Title XXI %  
**Year:** 2011

**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

**23. Section Number:** Form7\_Main

**Field Name:** AllOthers\_Private  
**Row Name:** Others  
**Column Name:** Private/Other %  
**Year:** 2011

**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

**24. Section Number:** Form7\_Main

**Field Name:** AllOthers\_None  
**Row Name:** Others  
**Column Name:** None %  
**Year:** 2011

**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

**25. Section Number:** Form7\_Main

**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2011

**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: AL**

Reporting Year: 2009

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	64,932	43,132	20,092	187	895	10	0	616
Title V Served	1,780	524	1,123	5	26	47	47	8
Eligible for Title XIX	31,408	17,010	13,600	99	266	4	0	429
<b>INFANTS</b>								
Total Infants in State	63,738	42,532	19,531	187	887	10	0	591
Title V Served	58,956	39,265	18,134	171	817	9	0	560
Eligible for Title XIX	59,608	32,946	24,362	196	491	0	0	1,613

**II. UNDUPLICATED COUNT BY ETHNICITY**

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	59,599	5,298	35	3,681	26	133	1,360	98
Title V Served	1,569	211	0					
Eligible for Title XIX	28,095	3,308	5	2,302	7	65	891	43
<b>INFANTS</b>								
Total Infants in State	58,507	5,207	24	3,624	26	129	1,334	94
Title V Served	54,106	4,818	32	3,351	24	120	1,233	90
Eligible for Title XIX	52,166	6,571	871					

## FORM NOTES FOR FORM 8

The source for many of the cells in Form 8 is the most recent, complete file of residential live births, fetal deaths, and/or infant deaths--which is for calendar year (CY) 2008. Therefore, though the reporting year is 2009, many of the estimates are based on the CY 2008 live births and/or fetal deaths. In such cases, the note for Column A of the affected row states that CY 2008 records were used for the estimate.

### FIELD LEVEL NOTES

**1. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_All

**Row Name:** Total Deliveries in State

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.

**2. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_Asian

**Row Name:** Total Deliveries in State

**Column Name:** Asian

**Year:** 2011

**Field Note:**

"Other Asian or Pacific Islander" is included in the "Asian" category.

**3. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTotal\_More

**Row Name:** Total Deliveries in State

**Column Name:** More Than One Race Reported

**Year:** 2011

**Field Note:**

The number for the multiracial category is not available to the Bureau of Family Health Services.

**4. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

For all completed cells in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.

**5. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleXIX\_Asian

**Row Name:** Eligible for Title XIX

**Column Name:** Asian

**Year:** 2011

**Field Note:**

"Other Asian or Pacific Islander" is included in the "Asian" category.

**6. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008. Residence and race are defined according to the mother's residence and race for both deaths and live births. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.

**7. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_White

**Row Name:** Total Infants in State

**Column Name:** White

**Year:** 2011

**Field Note:**

The source used (described in the note to the Column A field of this row) includes a "Hispanic" category, but does not report the race of Hispanic individuals. Therefore, the number shown here is the sum of the 26,375 Caucasian individuals and the 6,571 Hispanic individuals. (As discussed in the note to Column C of this row, some individuals are apparently counted more than once.)

**8. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_Asian

**Row Name:** Total Infants in State

**Column Name:** Asian

**Year:** 2011

**Field Note:**

"Other Asian or Pacific Islander" is included in the "Asian" category.

**9. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_More

**Row Name:** Total Infants in State

**Column Name:** More Than One Race Reported

**Year:** 2011

**Field Note:**

The number for the multiracial category is not available to the Bureau of Family Health Services.

**10. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 62,059 newborns reported as having been screened for PKU in fiscal year 2009, yielding an estimate of 58,956 infants served. We believe that this is a conservative estimate and that the true number of newborns

screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Racial distribution for Columns B through H of this row was estimated by assuming the racial distribution of residential live births in calendar year 2008. (Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.) Applying the proportions corresponding to this distribution resulted in fractions of individuals. With 1 exception, these fractions were rounded to the nearest whole number, because the Title V Information System does not allow decimals to be entered into the number fields. The exception is the number for Black infants, which was rounded up so that Columns B through H of this row would sum to 58,956.

**11. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_Black

**Row Name:** Title V Served

**Column Name:** Black or African American

**Year:** 2011

**Field Note:**

Using the procedures detailed in the note to Column A of this row, the estimated number of Title V-served Black infants was 18,133.486. For reasons also detailed in the note to Column A, this number was rounded up to 18,134.

**12. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleV\_More

**Row Name:** Title V Served

**Column Name:** More Than One Race Reported

**Year:** 2011

**Field Note:**

The number for the multiracial category is not available to the Bureau of Family Health Services.

**13. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_All

**Row Name:** Eligible for Title XIX

**Column Name:** Total All Races

**Year:** 2011

**Field Note:**

We requested the following from the Alabama Medicaid Agency: "an unduplicated count of Alabama Medicaid eligibles less than one year of age by race," for fiscal year 2009. Numbers shown in this row are based on an email from Alabama Medicaid on April 12, 2010. The counts are from a query of the Alabama Medicaid data system. Although an unduplicated count was requested, some individuals are probably counted more than once, as discussed in this row's note concerning Column C.

**14. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_White

**Row Name:** Eligible for Title XIX

**Column Name:** White

**Year:** 2011

**Field Note:**

The report used (described in the note to the Column A field of this row) includes a "Hispanic" category, but does not report the race of Hispanic individuals. Therefore, the number shown here is the sum of the 26,375 Caucasian individuals and the 6,571 Hispanic individuals. As discussed in the Column C note for this row, some individuals may be counted more than once.

**15. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_Black

**Row Name:** Eligible for Title XIX

**Column Name:** Black or African American

**Year:** 2011

**Field Note:**

The source for numbers reported in this row is described in the Column A field note for this row. Note that, according to the source, the number of Title XIX-eligible Black infants (24,362) in fiscal year (FY) 2009 exceeds the estimated total number of Black infants in the State (19,531) in calendar year (CY) 2008. Apparently, therefore, some of the infants served by Medicaid in FY 2009 were counted more than once. For example, some infants may have been enrolled at the beginning of the FY, become ineligible during the FY, then again become eligible during the FY, and been counted during each enrollment. As well, note that estimates of the number of Medicaid-eligible infants and the total number of infants come from different time periods. (As of April 20, 2010, final CY 2009 live birth and infant death files are not available.)

**16. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_Indian

**Row Name:** Eligible for Title XIX

**Column Name:** American Indian or Native American

**Year:** 2011

**Field Note:**

Some individuals may be counted more than once, as discussed in this row's note concerning Column C.

**17. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_Asian

**Row Name:** Eligible for Title XIX

**Column Name:** Asian

**Year:** 2011

**Field Note:**

The report used for this row combines "Asian or Pacific Islander," so Native Hawaiians and other Pacific Islanders are included in the number shown for Asians (Column E).

Some individuals may be counted more than once, as discussed in this row's note concerning Column C.

**18. Section Number:** Form8\_I. Unduplicated Count By Race

**Field Name:** InfantsTitleXIX\_More

**Row Name:** Eligible for Title XIX

**Column Name:** More Than One Race Reported

**Year:** 2011

**Field Note:**

The number for the multiracial category is not available to the Bureau of Family Health Services.

**19. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTotal\_TotalNotHispanic

**Row Name:** Total Deliveries in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2011

**Field Note:**

For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.

**20. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2011

**Field Note:**

Sources used do not report ethnicity according to country of origin. Accordingly, Columns B.1 through B.5 are left blank.

**21. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2011

**Field Note:**

For all fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008.

**22. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTotal\_TotalNotHispanic

**Row Name:** Total Infants in State

**Column Name:** Total Not Hispanic or Latino

**Year:** 2011

**Field Note:**

For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2009 are not available, the numbers shown are for calendar year 2008. Residence is defined according to the infant's residence for deaths and the mother's residence for live births.

**23. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalNotHispanic

**Row Name:** Title V Served

**Column Name:** Total Not Hispanic or Latino

**Year:** 2011

**Field Note:**

To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 62,059 newborns reported as having been screened for PKU in fiscal year 2009, yielding an estimate of 58,956 infants served (shown in Table I, Column A). We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

Ethnic distribution for Columns A-C and B.1 through B.5 of this row were estimated by assuming the ethnic distribution of residential live births in calendar year 2008.

**24. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_TotalHispanic

**Row Name:** Title V Served

**Column Name:** Total Hispanic or Latino

**Year:** 2011

**Field Note:**

The sources used do not specify ethnicity according to country of origin. Therefore, the country-of-origin numbers were estimated by applying corresponding proportions for Alabama residential live births in calendar year 2008.

**25. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2011

**Field Note:**

We requested the following from the Alabama Medicaid Agency: "an unduplicated count of Alabama Medicaid eligibles less than one year of age by race," for fiscal year 2009. (Alabama Medicaid does not have separate variables for race and ethnicity.) Numbers shown in this row are based on an email from Alabama Medicaid on April 12, 2010. The counts are from a query of the Alabama Medicaid data system. Although an unduplicated count was requested, some individuals are probably counted more than once, as discussed in this row's note concerning Column B.

The above source provides 7 mutually exclusive categories: 1 of which is "Hispanic" and 1 of which is "Unknown/Not Provided." The 871 infants in the "Unknown/Not Provided" category are shown in Column C of this row. Since many of these 871 infants may be non-Latino, the 52,166 Title XIX-eligible infants reported in the Column A field of this row may notably underestimate the number of non-Latino Title XIX-eligible infants.

**26. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2011

**Field Note:**

The source for numbers reported in this row is described in the Column A field note for this row. Note that, according to the source, the number of Title XIX-eligible Latino infants (6,571) in fiscal year (FY) 2009 exceeds the estimated total number of Latino infants in the State (5,207) in calendar year (CY) 2008. Apparently, therefore, some of the infants served by Medicaid in FY 2009 were counted more than once. For example, some infants may have been enrolled at the beginning of the FY, become ineligible during the FY, then again become eligible during the FY, and been counted during each enrollment. As well, note that estimates of the number of Medicaid-eligible infants and the total number of infants come from different time periods. (As of April 20, 2010, final CY 2009 live birth and infant death files are not available.)

The source used does not report ethnicity according to country of origin. Accordingly, Columns B.1-B.5 are left blank.

**27. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_NotReported

**Row Name:** Eligible for Title XIX

**Column Name:** Ethnicity Not Reported

**Year:** 2011

**Field Note:**

The report used is described in the Column A field note for this row, and reports 7 mutually exclusive categories: Unknown/Not Provided, Asian or Pacific Islander, Black, Caucasian, Other Race or Ethnicity, Hispanic, and American Indian or Alaskan Native. This field shows the 871 individuals who were classified as "Unknown/Not Provided."

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AL**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>
2. State MCH Toll-Free "Hotline" Name	None	None	None	None	None
3. Name of Contact Person for State MCH "Hotline"	<u>Melinda Davis</u>	<u>Melinda Davis</u>	<u>Melinda Davis</u>	<u>Melinda Davis</u>	<u>Dawn Ellis</u>
4. Contact Person's Telephone Number	<u>(334) 293-7049</u>	<u>(334) 293-7049</u>	<u>(334) 613-2360</u>	<u>(334) 613-2360</u>	<u>(334) 613-2294</u>
5. Contact Person's Email	<u>Melinda.Davis@rehab.alz</u>	<u>Melinda.Davis@rehab.alz</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>18,259</u>	<u>21,491</u>	<u>25,983</u>



**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AL**

	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>
2. State MCH Toll-Free "Hotline" Name	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings
3. Name of Contact Person for State MCH "Hotline"	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>
4. Contact Person's Telephone Number	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>
5. Contact Person's Email	<u>Charlena.Freeman@adpl</u>	<u>Charlena.Freeman@adpl</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>641</u>	<u>1,144</u>	<u>2,040</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2009

**Field Note:**

The number shown in this field counts calls to 2 lines: Healthy Beginnings, a Maternal and Child Health (MCH) help line, and Info Connection, a line providing information on reproductive health to teens. Calls on both lines have decreased steadily over the past few years because, within the Bureau of Family Health Services, the Special Supplemental Program for Women, Infants, and Children (WIC) and the Family Planning Program now have their own toll-free numbers. However, the MCH line continued to receive some calls about WIC, immunizations, child health, and environmental issues.

2. **Section Number:** Form9\_Optional

**Field Name:** calls\_1

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2009

**Field Note:**

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. This number is the sum of calls received on all 16 lines for FY 2009.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2011**  
*[SEC. 506(A)(1)]*  
**STATE: AL**

1. State MCH Administration:  
(max 2500 characters)

The Title V Program is administratively located within the Bureau of Family Health Services (FHS), a major unit within the Alabama Department of Public Health (ADPH). Through FHS, ADPH administers all aspects of the Title V Program except services for children and youth with special health care needs (CYSHCN). Children's Rehabilitation Service (CRS), administered by the Alabama Department of Rehabilitation Services (ADRS), is the lead agency for services to CYSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, FHS administers the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the State Dental Program. In addition to administering CRS, ADRS administers the Alabama Hemophilia Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,721,312
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 27,918,090
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,556,370
7. Program Income (Line 6, Form 2)	\$ 55,300,816
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 99,496,588</b>

9. Most significant providers receiving MCH funds:

County Health Departments
Children's Rehabilitation Service
The Center for Child and Adolescent Development
Sparks Clinic at Civitan Int'l Research Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,780
b. Infants < 1 year old	58,956
c. Children 1 to 22 years old	33,800
d. CSHCN	16,296
e. Others	111,263

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Financial support for direct services in county health departments (CHDs): By helping to pay for salaries, supplies, and equipment in CHDs statewide, Title V funds help provide physical assessment, immunizations, vision and hearing screening, nutritional assessment, developmental appraisal, and dental care for children. Care coordination in CHDs: Care coordination helps patients to access and obtain maximum benefit from needed health-related services. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Care Coordination Program, implemented under Patient 1st, the Alabama Medicaid Agency's primary care case management program, is the primary channel through which ADPH provides care coordination for children. ADPH care coordinators serve adults enrolled in Patient 1st as well. FHS staff provide quarterly training events for area- or county-level ADPH care coordinators. Children and youth with special health care needs (CYSHCN): Through 15 community-based offices, CRS provides information, referral, medical, evaluation, and care coordination services to CYSHCN. Enabling services include transportation assistance, interpretation, and family/youth support.

b. Population-Based Services:  
(max 2500 characters)

Newborn Screening: ADPH administers 2 statewide newborn screening programs through FHS's Division of Newborn Screening. One of these programs, the Newborn Screening Program (NSP), provides population-based screening of newborns for phenylketonuria (PKU), hypothyroidism, galactosemia, hemoglobinopathies, adrenal hyperplasia, and cystic fibrosis. Further, through the use of Tandem Mass Spectrometry, NSP is incrementally adding tests for other disorders to the screening panel, which currently screens for 28 primary disorders. The second of these screening programs is the Universal Newborn Hearing Screening (UNHS) Program, which partners with CRS and other public and private service providers to implement universal newborn hearing screening. All of Alabama's 54 birthing hospitals have universal newborn hearing screening programs in place. The UNHS Program staff track infants who did not pass or did not have a hearing screening to ensure that they receive appropriate follow-up services. CRS assists with tracking by sharing data electronically with UNHS Program staff on the outcome of secondary testing for children who fail initial UNHS and then choose CRS for follow-up screening. Along with UNHS Program staff, CRS ensures access to appropriate diagnostic, treatment, and intervention services for hearing impairment. Adolescent pregnancy prevention: Family planning services for adolescents are provided in ADPH clinics, and the State Children's Health Insurance Program (CHIP) offers family planning coverage for eligible teens up to 300% of poverty. CRS partners with local schools, daycare facilities, and Head Start Centers in underserved areas to provide on-site screenings for hearing loss and/or scoliosis. Children who fail screenings are referred to their physician or to CRS clinics for further evaluation.

c. Infrastructure Building Services:  
(max 2500 characters)

State Perinatal Program: This program operates under the State Board of Health and the State Perinatal Advisory Council (SPAC). SPAC represents the Regional Perinatal Advisory Councils, and advises the State Health Officer in the planning, organization, and implementation of the Perinatal Program. The Director of the State Perinatal Program and 5 Regional Nurse Perinatal Coordinators are administratively located in FHS, and engage in activities, including infant mortality review, to address concerns of SPAC and the Regional Perinatal Advisory Councils. Healthy Child Care Alabama Project: This program is administratively located in FHS, and is a collaborative effort between ADPH and the Alabama Department of Human Resources. Through the program, 9 registered nurse consultants work in a variety of community settings, in 52 of the State's 67 counties. Their services include provision of information on health and safety for child care providers and families of children in child care, linkage of families and child care providers to community resources and services, and assistance to child care providers with integration of CYSHCN into the child care environment. CRS Parent Connection Program: This program includes a parent support network, activities of the State and Local Parent Advisory Committees, employment of Parent Consultants, publication of a newsletter, and sibling support activities. Healthy People 2010: CRS continues its lead role in planning and implementing activities related to the Healthy People 2010 objectives for CYSHCN.

CRS continues enhancing its management information system and increasing its use of communication technology for educating the public, clients, and families.

12. The primary Title V Program contact person:

Name	Chris R. Haag, MPH
Title	Deputy Director, Bureau of Family Health Services
Address	Alabama Department of Public Health, PO Box 303017
City	Montgomery
State	Alabama
Zip	36130-3017
Phone	(334) 206-5331
Fax	(334) 206-2950
Email	chris.haag@adph.state.al.us
Web	www.adph.org

13. The children with special health care needs (CSHCN) contact person:

Name	Melinda Davis, MS, CCC-A, CPHL
Title	Assistant Commissioner
Address	Children's Rehabilitation Service 602 S. Lawrence St.
City	Montgomery
State	AL
Zip	36104
Phone	(334) 293-7049
Fax	(334) 293-7373
Email	melinda.davis@rehab.alabama.gov
Web	www.rehab.alabama.gov

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AL**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	64	86	88	107	140
<b>Denominator</b>	64	86	88	107	140
<b>Data Source</b>				ADPH Newborn Screening Neometrics Database	ADPH Newborn Screening Neometrics Database

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

All results are for calendar years (CYs).

The 140 infants include 3 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

**Trends:**

This indicator has remained at 100% in the years shown. However, as described in this indicator's Form 11 field note for 2008, the number of newborns who screened positive has increased notably over the years. The number who screened positive increased once again: from 107 in 2008 to 140 on 2009.

Comparing 2009 to 2008, the number of positive screens changed by 10 or more for 2 conditions. That is, the number of positive screens for congenital hypothyroidism increased by 14: from 16 positive screens in 2008 to 30 positive screens in 2009. Over the same period, the number of positive screens for cystic fibrosis increased by 15: from 7 positive screens in 2008 to 22 positive screens in 2009.

**Objectives:**

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

**2. Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The 107 infants include 7 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

**Trends:**

This indicator has remained at 100% in the years shown, but the number of newborns who screened positive increased notably: from 64 infants in CY 2005 (the first year that tandem mass spectrometry was used for the entire year), to 86 infants in CY 2006, to 88 infants in CY 2007, to 107 infants in CY 2008 (the first year that cystic fibrosis was included in newborn screening). This is an increase of 43 infants, only 7 of whom were identified as having cystic fibrosis. The increase continues to be largely--but not totally--in the number of infants who were confirmed as having sickle cell disease, which was as follows: 36 infants in CY 2005, 56 infants in CY 2006, 51 infants in CY 2007, and 57 infants in FY 2008. FHS will continue to monitor the number of positive screens in future years.

**Objectives:**

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

3. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The 88 infants include 2 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

**Objectives:**

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>	66.1	66.1	70	59.9	59.9
<b>Annual Indicator</b>	66.1	66.1	59.9	59.9	59.9
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>				2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	59.9	59.9	59.9	59.9	59.9
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

For 2007-2009, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

See this indicator's field note to year 2009 about data-related issues.



**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	53.9	53.9	60	50	50
Annual Indicator	53.9	53.9	50	50	50
Numerator					
Denominator					
Data Source				2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

For 2007-2009, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2 surveys are not comparable for this indicator.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

See this indicator's field note for FY 2009 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note for FY 2009 about data-related issues.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	59.7	59.7	62	65	65
Annual Indicator	59.7	59.7	65	65	65
Numerator					
Denominator					
Data Source				2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

For 2007-2009, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	73.7	73.7	78	91.7	91.7
Annual Indicator	73.7	73.7	91.7	91.7	91.7
Numerator					
Denominator					
Data Source				2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	91.7	91.7	91.7	91.7	91.7
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

For 2007-2009, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2 surveys are not comparable for this indicator.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	10	38.3	38.3
Annual Indicator	5.8	5.8	38.3	38.3	38.3
Numerator					
Denominator					
Data Source				2005-06 National Survey of CSHCN	2005-06 National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	38.3	38.3	38.3	38.3	38.3
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

For 2007-2009, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for this indicator, and findings from the 2005-06 survey may be considered baseline data.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2009 about data-related issues.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	83.8	85.1	86.4	87.7	89
Annual Indicator	82.3	85.3	81.9	78.9	76.3
Numerator					
Denominator					
Data Source				CDC National Immunization Survey	CDC National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	80.6	81.4	82.2	83	83.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

Values for all years are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 6.1 for Alabama in fiscal year (FY) 2009. The specific CDC table used was "Estimated Vaccine Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area US, National Immunization Survey, Q1/2008-Q4/2008." Thus, the survey period was for calendar year (CY) 2008, or the last 9 months of FY 2008 and the first 3 months of FY 2009. As a corollary, the survey period used for the FY 2009 estimate overlaps with the survey period used for the FY 2008 estimate (Q3/2007-Q2/2008). Children in the CY 2008 survey were born between January 2005 and June 2007. The table used (Q1/2008-Q4 2008) was retrieved on March 20, 2010 from the following web address, by first clicking on "NIS-Child Data Tables—Overall" and then clicking on "Overall—Coverage with Individual Vaccines and Vaccination Series": <http://www.cdc.gov/vaccines/stats-surv/nis/nis-2008-released.htm>. (It was the most recent pertinent table that the writer could find at that time.)

**Trends:**

This indicator has not shown a clear trend over the years shown. As indicated by the confidence interval, this indicator can fluctuate notably from year to year, and the decline in FYs 2007 and 2008, relative to FY 2006, was not statistically significant, although it is cause for concern. (Caveat: As previously stated, the survey period used for the FY 2009 estimate included the last 9 months of FY 2008 and only the first 3 months of FY 2009.)

**Objectives:**

Per the Maternal and Child Health Services Block Grant FY 2004 Report/FY 2006 Application, targets set in FY 2005 required an average annual increase (improvement) of 1.5% from the FY 2004 baseline: which was greater than the average annual increase of 1.3% that had occurred from 2000 through 2004. Targets set in FY 2005 resulted in a target of 89.0% for FY 2009, which has not been approached.

We are now revising targets for FYs 2010-2014 downward. For making these revisions, the mean of the status of this indicator for the last 3 years, or 79.0%, was considered to represent the year 2008 baseline. Targets for 2010 forward require an average annual improvement (increase) of 1.0% per year (multiplicative model).

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 6.2 for Alabama in FY 2008. The specific CDC table used was "tab02\_antigen\_iap.xls," "Q3/2007-Q2/2008." Children in this survey were born between July 2004 and January 2007.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 5.8 for Alabama in FY 2007. The specific CDC table used was "tab03\_antigen\_state.xls," "Q3/2006-Q2/2007." Children in this survey were born between July 2003 and December 2005.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	26.8	25.1	24.8	24.6	28.2
Annual Indicator	25.3	27.8	29.1	27.6	
Numerator	2,486	2,683	2,826	2,652	
Denominator	98,093	96,589	97,125	96,123	
Data Source				Vital records and Census	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	27.9	27.6	27.3	27.1	27.1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to collect, edit, and manage data, final year 2009 Alabama statistical birth files are not yet available. They are expected to be available circa August 2008, and Form 11 will be updated at the first opportunity after the files have become available.

This paragraph pertains to national performance measures (NPMs) and state performance measures (SPMs) that have population-based denominators: specifically, to NPMs #8, #10, and #16 and to SPM #3. When analyzing trends in these measures, we used the U.S. Census Bureau's population estimates for denominators. These estimates are derived from a detailed, state-level spreadsheet that is referred to by the Census Bureau as "SC-EST2008-alddata6: Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and One Group with Two or more Race Groups) by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2008." The release date for the spreadsheet was May 14, 2009. In their annual releases of estimates, the Census Bureau often revises previous estimates, but the Title V Information System (TVIS) does not permit us to directly revise numbers for the denominators shown on Form 11 for 2005 and 2006. Specifically, for the population-based performance measures, the denominators shown on Form 11 for 2005 are population projections (which are less accurate than population estimates), and denominators shown for 2006 are population estimates that were available circa March 2009. Therefore, for 2005 and 2006, the single-year denominators used for our analyses of trends in population-based estimates often differ from those shown on Form 11.

This paragraph pertains to the numerators for NPM #8 (the live birth rate for 15-17 year-olds) and SPM #3 (the pregnancy rate for this age group). Births, induced abortions, and fetal deaths that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health (ADPH) in recent years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for out-of-state reporting issues could lead to overly optimistic description of trends and to overly optimistic baselines for setting future objectives. In an effort to account for the missing records and missing information, we made certain assumptions about out-of-state births, elective abortions, and fetal deaths involving adolescents living in Alabama. Details about these assumptions—which are based on distribution of pertinent characteristics in 2005 and/or 2006, are available upon request. The numerators shown on Form 11 for 2005 and 2006 do not reflect these assumptions, since TVIS does not permit us to directly revise them.

**2. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2009 Form 11 field note.

**Trends:**

As mentioned in this indicator's year 2009 Form 11 field note, for analyzing trends, the number of births has been adjusted in an effort to account for missing information about out-of-state births to Alabama residents.

Among 15-17 year-old Alabama females, the live birth rate declined (improved) from 33.0 live births per 1,000 such females (9,270/280,595) in 2000-02 to 28.0 live births per 1,000 (7,818/279,336) in 2003-05. The 3-year rate then declined only slightly, to reach 27.8 live births per 1,000 females (8,071/289,930) in this age group in 2006-08. Thus, the estimated live birth rate for 2006-08 was 15.3% lower than in 2000-02 and just 0.5% lower than in 2003-05. However, due to out-of-state reporting issues, whether even this very slight estimated decline in 2006-08 relative to 2003-05 actually occurred is uncertain.

For this age group of females, estimated live birth rates for individual years in the surveillance period (2000-2008) ranged from 25.3 births per 1,000 in 2005 to 36.2 births per 1,000 in 2000. Rates for overlapping 3-year periods ranged from 27.6 births per 1,000 in 2004-06 to 33.0 births per 1,000 in 2000-02.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by 2.8% per year. Comparing 2006-08 to 2003-05, the indicator declined by only 0.2% per year.

**Objectives:**

Objectives through 2013 were retained from earlier years. Since the objective for 2013 (27.1 live births per 1,000 females in this age group) is lower than any of the 3-year rates during the surveillance period, we set the year 2014 objective at 27.1 live births per 1,000 as well. We are aware that all the future objectives are higher (worse) than the estimate of 27.6 live births per 1,000 15-17 year-old females in 2008. However, considering the rate for 2006-08 combined and uncertainty due to out-of-state reporting issues, future objectives may prove quite challenging. If the live birth rate for this age group remains at or below the 2008 level for 3 years in a row, objectives will be revised downward.

**3. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Issues:

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2009 Form 11 field note. Using numerators (live births) and denominators (population estimates) that were available circa March 2009, the live birth rates per 1,000 among 15-17 year-old females were 28.9 (2,672/92,474) in 2004 and 26.3 (2,486/94,586) in 2005.

**Trends:**

This discussion of trends is based on numerators and denominators that were available circa March 2009.

Earlier in this decade, the live birth rate among Alabama 15-17 year-old females declined (improved) from 36.2 live births per 1,000 such females in 2000 to 26.3 live births per 1,000 in 2005. With 1 exception, this rate declined every year during that period. (No decline occurred in 2004.) Then, however, the rate increased to 27.8 births per 1,000 in 2006 and again increased to 28.7 births per 1,000 in 2007. Comparing 3-year periods, the live birth rate among 15-17 year-old females declined from 33.1 per 1,000 (9,270/280,533) in 2000-02 to 27.6 per 1,000 (7,958/288,196) in 2005-07: for an overall decline of 16.4% and an average annual decline of 3.5%. Comparing more recent, single years, the rate declined from 31.2 per 1,000 (2,899/93,007) in 2002 to 28.7 per 1,000 in 2007: for an average annual decline of 1.6%.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% per year from the 2005-07 baseline of 27.6 live births per 1,000 15-17 year-old females. (For setting objectives, this baseline was considered to represent the rate for 2006.) This rate of decline is less than the average annual declines described above, but the objectives are challenging nevertheless, given the increase of this indicator in 2006 and again in 2007.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	23.7	24.2	26.7	27	28.8
Annual Indicator	23.2	26.4	27.7	27.7	27.7
Numerator		629	2,580	2,580	2,580
Denominator		2,380	9,301	9,301	9,301
Data Source				ADPH Oral Health Branch Survey data	ADPH Oral Health Branch Survey data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

  

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	29.4	30	30.6	31.2	31.2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Another observation-based survey on the prevalence of dental sealants is expected to be conducted in FY 2011-12. Until then, we are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants is not conducted.

**Objectives:**

In the absence of recent data, we are setting the year 2014 objective to match the year 2013 objective.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Another observation-based survey on the prevalence of dental sealants is expected to be conducted in FY 2011-12. Until then, we are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants is not conducted.

**Objectives:**

We have set the year 2013 objective at 31.2 using the methodology described under objectives in the 2007 field note.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Oral Health Branch and the University of Alabama at Birmingham School of Dentistry partnered to conduct an observation-based, representative statewide survey of dental sealants among third-grade Alabama children from January 2006-March 2007. Jefferson County Department of Health also conducted a survey in its jurisdiction during 2006. The data from both surveys were compiled to report on this indicator. Data previously reported for 2006 were a subset of the complete study.

**Trends:**

There has been notable improvement in this indicator. The observation-based, representative survey completed in FY 2007 found that 27.7% of third-grade Alabama children had received protective dental sealants, an improvement of 22.2% over the FY 2003 observation-based survey finding of 22.7%. The estimated annual percentage of improvement was 5.1%.

**Objectives:**

As the observed status of 27.7 in 2007 exceeds (is better than) the 2008 objective of 27.0, the objectives from 2009-2012 have been revised. However, since the data are based on a sample, the estimates may fluctuate. Using the 2007 estimate of 27.7 as a baseline, targets were set to require an annual improvement of 2.0%--a modest improvement, yet challenging given the State's historically underserved rural counties.



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	6.4	5.8	6.2	6.1	5.2
Annual Indicator	6.5	6.4	3.7	4.6	
Numerator	61	59	34	43	
Denominator	936,034	922,002	922,825	925,961	
Data Source				Vital records and Census	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	5.1	5	4.9	4.8	4.8
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health in recent years. This out-of-state reporting issue may cause slight underestimation of mortality rates for the years 2006, 2007, and 2008. Though slight, such underestimation could lead to appreciable distortion of trends in mortality rates, as well as to overly optimistic baselines for setting future objectives. Therefore, for NPM #10, we have adjusted the number of deaths for 2006, 2007, and 2008 by: 1) computing the mean annual number of applicable deaths that occurred out of state for 2 time periods (2000-2005 and 2006-08); 2) subtracting the mean for the later period from that for the earlier period; and 3) for 2006, 2007, and 2008, adding the difference to the number of deaths shown in Alabama's statistical death files. In the case of NPM #10, the difference was 2 motor vehicle crash deaths in the age group of interest per year.

Because the Title V Information System does not permit us to directly revise numbers shown for 2005 and 2006, the numerators shown on Form 11 for those years for NPMs #10 and #16 do not reflect the adjustment. For these NPMs, the adjusted numerators shown for 2007 and 2008 do not match corresponding numbers that may have been or may soon be published in annual publications of Alabama vital statistics.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators for this indicator are discussed in this indicator's year 2009 Form 11 field note. Data issues concerning denominators for this indicator are discussed in the year 2009 Form 11 field note to NPM #8.

**Trends:**

For this analysis of trends, numerators for years 2006, 2007, and 2008 have been adjusted as described in this indicator's year 2009 Form 11 field note. Among Alabama residents 14 years of age and younger, the rate of deaths due to motor vehicle crashes increased from 6.0 deaths per 100,000 (167/2,778,601) in 2000-02 to 6.3 deaths per 100,000 (173/2,748,918) in 2003-05, then declined to 5.0 deaths per 100,000 (138/2,767,839) in 2006-08. Thus, the rate for 2006-08 was 17.0% lower than in 2000-02 and 20.8% lower than in 2003-05.

Rates for individual years in the surveillance period (2000-2008) ranged from 3.7 deaths per 100,000 in 2007 to 6.8 deaths per 100,000 in 2004. Rates for overlapping 3-year periods ranged from 5.0 deaths per 100,000 in 2006-08 to 6.7 deaths per 100,000 in 2004-06.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by an average of 3.1% per year. Comparing 2006-08 to 2003-05, the indicator declined by 7.5% per year.

**Objectives:**

Objectives through 2013 were retained from earlier years. Since the objective for 2013 (4.8 deaths per 100,000) is lower than any of the 3-year rates during the surveillance period, we set the year 2014 objective at 4.8 deaths per 100,000 as well. We are aware that all the future objectives are higher (worse) than the rate of 4.6 deaths per 100,000 in 2008. However, this rate is the second lowest during the surveillance period and this indicator may fluctuate annually. If the rate remains at or below the year 2008 level for 3 years in a row, objectives will be revised downward.

**3. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

Data issues concerning denominators for this indicator are discussed in the year 2009 Form 11 field note to NPM #8.

**Trends:**

This discussion of trends is based on numbers that were available circa April 2009. That is, they are based on then-available population estimates, and the numerators have not been adjusted to account for the out-of-state reporting issues discussed in this indicator's year 2009 Form 11 field note.

Among Alabama residents 14 years of age and younger, the rate of deaths due to motor vehicle crashes declined from 6.0 deaths per 100,000 (167/2,780,153) in 2000-02 to 5.5 deaths per 100,000 (152/2,764,216) in 2005-07: for an overall decline of 8.5% and an average annual decline of 1.8%. Rates for individual years during the surveillance period (2000-2007) ranged from 3.5 deaths per 100,000 in 2007 to 6.8 deaths per 100,000 in 2004.

**Objectives:**

In April 2009 objectives for 2009 onward were revised downward (made more aggressive), in light of recent trends. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual decline of 2.0%. We are aware that all of the objectives are higher (worse) than the rate of 3.5 deaths per 100,000 in 2007. However, this rate is the lowest during the surveillance period and may fluctuate annually. If the rate remains around the 2007 level for 3 years in a row, objectives will again be revised downward.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		26.1	27.1	28.2	29.4
Annual Indicator	23.2	28.3	27.0	25.4	
Numerator	12,835	16,533	16,169	15,135	
Denominator	55,363	58,353	59,913	59,508	
Data Source				Pregnancy Risk Assessment Monitoring System	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	27.2	27.2	27.3	27.4	27.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

Estimates for this indicator are for calendar year and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, managed by the U.S. Centers for Disease Control and Prevention (CDC). Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which breastfeeding status is unknown or unreported are excluded from the denominator.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, PRAMS data for 2004 were not available by June 2006. The Alabama Department of Public Health's (ADPH's) Center for Health Statistics will provide numbers from the PRAMS 2009 dataset soon after CDC provides the dataset, but numbers for 2009 are not expected to be available before April 2011.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

See this indicator's year 2009 Form 11 field note for the data source and for a discussion of the time frame for receiving PRAMS data.

The percentage of mothers who were breastfeeding at the time of the survey is used as a surrogate for the percentage breastfeeding at 6 months following delivery, since the survey questionnaire is sent to mothers about 2-3 months after delivery.

The estimate shown on Form 11 for 2005 is a preliminary estimate that was provided before the State's PRAMS report for that year was published. At this time, the Title V Information System does not allow us to directly correct the estimate for that year. The final year 2005 estimate for the percentage of mothers who were still breastfeeding at the time of the survey is 23.5%.

Trends:

From 2004-2008, this indicator has ranged from 23.2% in 2005 to 28.3% in 2006, with a median of 25.6% in 2004. At no time during the surveillance period did the indicator move in the same direction 3 years in succession.

Objectives:

Objectives through 2009 are retained from previous years. Objectives from 2010 forward have been revised downward (made less challenging) compared to previous objectives, which were unrealistic in light of the status of this indicator in recent years. To set the objectives, the combined numbers for 2006-2008 (47,837/177,774, or 26.9%) were considered to represent the year 2007 baseline. From that baseline, the newly set objectives require an annual increase (improvement) in the indicator of 0.3% per year. If the status of this indicator remains above(better than) its corresponding objective 3 years in a row, we will revise the objectives to make them more challenging.

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

See 2008 field note regarding data source and limitations.

Trends:

When available, confidence intervals for the following estimates are shown parenthetically. For the surveillance period 2000-2004, the weighted percentage of PRAMS

mothers who were breastfeeding at the time of the survey increased slightly each year: from 20.3% (17.7-22.9) in 2000 to 25.5% (22.5-28.8) in 2004. Though the estimate then declined to 23.5% (20.6-26.6) in 2005, it increased to 28.3% (25.3-31.6) in 2006. It decreased slightly in FY 2007 to 27.0%, although it remained higher than at any time in 2000-2005. Overall, this indicator has improved by 16.3% from the estimate of 23.2% in 2003 to the estimate of 27.0% in 2007.

**Objectives:**

Objectives through 2010, set in FY 2006, require an average annual increase (improvement) of 4.0% per year, from the unrounded 2003 baseline of 23.2%. We are aware that the estimated prevalence for CY 2006 exceeds (is better than) objectives for 2007 and 2008. Objectives for 2011-2013 have been revised to continue an average annual improvement of 4% per year.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	95.2	95.3	95.4	95.5
Annual Indicator	95.1	96.2	94.6	95.3	97.4
Numerator	56,371	59,764	59,578	59,548	58,846
Denominator	59,300	62,100	63,005	62,466	60,394
Data Source				ADPH Newborn Screening Neometrics Database	ADPH Newborn Screening Neometrics Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	96.2	96.4	96.6	96.8	97
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

All estimates pertain to calendar years.

For reasons detailed in this indicator's Form 11 field note for the year 2007, denominators for 2007-2009 are the numbers of occurrent live births to Alabama residents. Because of the change in how denominators are counted, the estimates for 2007 onward are not precisely comparable to estimates for earlier years. The denominator for 2009 is provisional and was obtained on April 16, 2010.

The numerator was obtained from the Alabama Department of Public Health's (ADPH's) Newborn Screening Program's database, Neometrics(TM). Neometrics contained hearing screening records for an unduplicated count of 58,846 newborns. Of these, 1,120 had no hearing screening performed prior to discharge from the hospital. Of the 1,120 cases where screening was not done, 3 were due to parental refusal.

As well as including all newborns who were reported as being screened, the numerator shown on Form 11 includes 5,402 newborns for whom no hearing screening data were entered into the system. These 5,402 infants are included in the numerator because—according to the Universal Newborn Hearing Screening (UNHS) Coordinator—they probably received a hearing screening before discharge, but after the blood spot form had already been submitted. Even when such hearing screening results are subsequently entered into Neometrics, they are not appropriately captured for reporting purposes as a pre-discharge screen. The UNHS Coordinator anticipates a software update from Neometrics by December 2010 that will resolve this data issue. As previously stated, the number of newborns who did not have hearing screening data entered into the database in 2009 was 5,402, which is a 32.8% decline from the year 2006 number of 8,037.

For 2 reasons, the percentage shown may overestimate the percentage of occurrent live births that received a hearing screening. First, as previously stated, infants for whom we have no data are counted in the numerator. Second, whereas the denominator counts only occurrent live births to Alabama residents, the screens counted include screens of births occurring in Alabama to residents of other states.

**Trends:**

During the years shown, with 1 exception, this estimate has remained above 95.0%. The exception is the year 2007. Combining 3 years, from 2007-2009, an estimated 95.8% of infants born in Alabama hospitals underwent hearing screening before discharge.

**Objectives:**

Objectives through 2009 are retained from earlier years. Objectives from 2010 forward have been revised upward. We are aware that the estimate for 2009 surpasses (is better than) the objectives for 2010 forward, but we have no assurance that the status of this indicator will remain that high in future years. If estimates for this indicator remain above the given year's objective for 3 years in a row, objectives will again be revised upward.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

Through 2006, the denominator for each year is the number of occurrent live births during the year. However, for reasons detailed in this indicator's Form 11 field note for the year 2007, the denominators for 2007-2009 are the number of occurrent live births to Alabama residents. The denominator shown for 2008 is now final: at 62,466, rather than at the estimate of 63,447 used for the 2008 report/2010 application. Much of the reason for the difference is that we are now excluding occurrent births to out-of-state residents from the denominator.

The numerator was obtained from the ADPH's Newborn Screening Program's database, Neometrics(TM). Neometrics contained hearing screening records for an unduplicated count of 61,924 newborns. Of these, 2,376 had no hearing screening performed prior to discharge from the hospital. Of the 2,376 who were not screened, 7

instances were due to parental refusal. Additionally, there were 5,653 newborns for whom no hearing screening data were entered into the system. As explained in this indicator's Form 11 field note for the year 2009, these infants probably received a hearing screening before discharge, but after the blood spot form had already been submitted. As previously stated, the number of newborns who did not have hearing screening data entered into the database in 2008 was 5,653, which is a 29.7% decline over the 2006 number of 8,037.

As detailed in this indicator's field note for 2009, due to the inclusion of infants for whom we have no hearing screening data in the numerator and the exclusion of occurrent births to out-of-state residents from the denominator, the percentage shown may overestimate the percentage of occurrent live births that received a hearing screening.

**Objectives:**

The year 2013 objective was set to match year 2012 objective of 95.7%.

**3. Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The denominators for 2005 and 2006 are occurrent live births. However, denominators for 2007-2009 include only occurrent live births to Alabama residents. That is, as of April 2010, we are excluding occurrent live births to out-of-state residents from the denominator for this performance measure. Therefore, in April 2010, the denominator for 2007 was revised to be 63,005 (which excludes occurrent births to out-of state residents), rather than 63,995 (which was reported in the 2008 report/2010 application and included births to out-of-state residents). The Title V Information System (TVIS) does not allow us to change fields for the years 2005 or 2006 at this time.

We are making the above change for two reasons. First, the on-line TVIS guidance for the "Total Births by Occurrence" field on Form 6 says to report occurrent births, but only those from resident births. Since both Form 6 and National Performance Measure (NPM) #12 pertain to newborn screening, in our view, for the reporting year, the denominator for NPM #12 should be match the corresponding number of births shown on Form 6. The second reason for excluding births to out-of-state residents is that completeness of reporting of out-of-state events may vary from year to year, and such variation could cause spurious changes in the denominator, which in turn could cause spurious changes in the estimate. Excluding out-of-state residents from the denominator prevents bias in trends that could arise from out-of-state reporting issues.

In 2008, the numerator was updated to reflect data from a new report available from Neometrics. Neometrics contained hearing screening records for an unduplicated count of 62,093 newborns. Of these, 2,515 had no hearing screening performed prior to discharge from the hospital. Of the 2,515 who were not screened, 9 instances were due to parental refusal.

Counted in the numerator are 5,203 newborns for whom no hearing screening data were entered into the system. (See year 2009 field note about the rationale for including these cases in the numerator.) Because we cannot confirm that each of the 5,203 children did receive a hearing test, the numerator may be an overestimation. Notably, the number of newborns for whom no hearing screening data were entered into the system decreased from 8,037 in 2006 to 5,203 in 2007, a 35.3% decline.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.5	7.3	6.9	6.8	6.8
Annual Indicator	4.5	7.4	7.3	3.7	
Numerator	49,000	82,000	82,000	41,000	
Denominator	1,083,000	1,114,000	1,123,000	1,122,000	
Data Source				U.S. Census Historical Health Insurance Table HIA5	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	6.4	6.4	6.3	6.2	6.1
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

The reference for estimates is the revised Historical Health Insurance Table 5 (HIA-5), obtained from the U.S. Census web site. Table HIA-5 does not yet include estimates for 2009. When estimates for 2009 are provided on the U.S. Census web site, this report/application will be updated accordingly at the first opportunity.

**Objectives:**

Objectives through 2009 were retained from previous years, and the methodology for setting them has been described in earlier Maternal and Child Health Services Block Grant Reports/Applications. For example, objectives for 2007 through 2009 require an average annual decline (multiplicative model) of 1.0% per year, from the 3-year baseline for 2003-05, using Table HI-5. (Table HIA-5 was not available to the writer when these objectives were set.)

However, objectives for 2010-2013 have been revised downward (made more challenging), and the objective for 2014 was set at 6.1%, the lowest 3-year value on record for this indicator in Alabama. (This prevalence of 6.1% of Alabama children being uninsured occurred in 2004-06 and again in 2006-08.) We are aware that, at 3.7% (as shown on Form 11), the estimated status of this indicator in 2008 surpassed (was better than) any of the newly set objectives. Nevertheless, the newly set objectives are challenging, since single-year estimates for this indicator have been above 7.0% in 3 of the last 5 years for which an estimate is available. Further, the status of this indicator in 2005-07 combined was 6.4%. If the status of this indicator surpasses (is better than) the corresponding objective in 2010 and again in 2011, objectives will again be revised downward.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The reference for estimates from 1999 forward is Table HIA-5, obtained from the U.S. Census web site on March 19, 2010. Because the reference rounds numbers of individuals to thousands, percentages calculated by the Title V Information System's web-based reporting package or by the Bureau of Family Health Services sometimes differ slightly from estimates shown in U.S. Census Bureau tables.

**Trends:**

In the discussion that follows, the source for the prevalence of non-insurance from 1999-2008 is the Census Bureau's Table HIA-5. The source for the prevalence of non-insurance in earlier years is the Census Bureau's original Historical Health Insurance Table 5 (HI-5). In 2008, according to Table HIA-5, 3.6% of Alabama children and youth had no health insurance. This prevalence is the lowest on record for the State.

Trends show remarkable progress. The following combines 3-year periods, in order to minimize random variation due to sampling error. Comparing 2006-08 to 1999-2001, the estimated prevalence of non-insurance among Alabama children and youth declined by one-third (32.9%): from 9.1% (310,000/3,407,000) in 1999-2001 to 6.1% (205,000/3,359,000) in 2006-08. Further, from 1999-2008 (the only years shown in Table HIA-5), the prevalence of non-insurance among Alabama children and youth was lower than the corresponding prevalence for the U.S. In 2006-08 combined, 6.1% of Alabama children and youth, versus 10.8% of U.S. children and youth, were uninsured.

Extending the surveillance period indicates even more progress in Alabama. Per Table HI-5, in 1987, 22.0% of Alabama children and youth lacked health insurance, compared to 12.9% of U.S. children and youth. Comparing 2007-09 to 1987-89, the prevalence of non-insurance among Alabama children and youth declined by 68.3%: from 19.3% in 1987-89 (628,000/3,257,000, using HI-5) to 6.1% in 2006-08 (using HIA-5). (Table HI-5 does not extend beyond 2005.)

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

The reference for the estimate is Table HIA-5, which pertains to persons under 18 years of age, obtained from the U.S. Census web site on March 19, 2010.



**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	30.1	29.9	29.8	27.5	
Annual Indicator	30.9	28.7	28.6	28.9	
Numerator	9,313	14,300	14,714	16,419	
Denominator	30,140	49,826	51,448	56,813	
Data Source				CDC Pediatric Nutrition Surveillance System	
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	28.5	28.3	28.2	28	27.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2009**Field Note:**

U.S. Centers for Disease Control and Prevention's (CDC's) Pediatric Nutrition Surveillance System (PedNSS) data for measuring the number and percentage of 2-5 year-old Alabama WIC enrollees who are obese (body mass index [BMI] at or above the 95th percentile) or overweight (BMI at or above the 85th percentile to the 95th percentile) are used to calculate this indicator.

Because the FY 2008 PedNSS data in Table 6C became available by March 2010, we anticipate that FY 2009 data will be available by March 2011. Once 2009 PedNSS findings become available to the Bureau of Family Health Services, we will update Form 11 at the first opportunity.

**2. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

In previous PedNSS reports, a BMI for age of at least 85% but less than 95% was classified as indicating that the child was at risk for overweight, and a BMI for age of 95% or higher was classified as indicating that the child was overweight. Effective with the 2008 PedNSS report, new terminology recommended by the American Academy of Pediatrics' Expert Committee is being used. Per the new terminology, a BMI for age of at least 85% but less than 95% is classified as indicating that the child is overweight, and a BMI for age of 95% or higher is classified as indicating that the child is obese.

The estimate shown here is the percentage of 2-5 year-old WIC enrollees whose BMI was 85 percent or higher.

**Trends:**

During the surveillance period, 2004-2008, single-year values for this indicator have ranged from 28.6% in 2007 to 30.9% in 2005. Combining 2-year periods, the indicator declined (improved) slightly, by 6.2%: from 30.6% in 2004-05 to 28.8% in 2007-08.

Note that the denominator for this indicator increased markedly in 2006, however, and increased again in 2007 and 2008. As detailed in the State's Maternal and Child Health Services Block Grant 2007 Annual Report/2009 Application, PedNSS data for 2004 and 2005 included data for only 45 of Alabama's 67 counties. On the other hand, data from 2006 onward are from all 67 counties. Therefore, the slight improvement observed in this indicator may be due to expansion of the population to include all 67 counties--which could make the 2004-05 and 2006-08 study populations non-comparable--rather than due to a true improvement in the indicator.

**Objectives:**

Objectives through 2009 have been retained from previous years. However, objectives from 2010 have been revised upward, to be slightly less challenging and more realistic in light of recent values for this indicator. The newly set objectives are still quite challenging, however. Considering the percentage for 2007-08 (28.8%, or 31,133/108,261) to be the year 2008 baseline, they require a decline of 0.5% per year.

**3. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

See the 2008 field note for the data source.

The reference is "Table 6C, 2007 Pediatric Nutrition Surveillance, Alabama--Comparison of Growth and Anemia Indicators by Contributor, Children Aged <5 years." Per this reference, 14.8% of the children had a BMI that had reached the 85th percentile but was less than the 95th percentile; and 13.8% of the children had a BMI at or above the

95th percentile. Adding these 2 percentages together, 28.6% of the children had a BMI at or above the 85th percentile. The numerator was estimated by multiplying the denominator by .286.

#### Trends:

When we began monitoring this measure in 2004, 30.4% of Alabama children, age 2 to 5 years, were observed to be overweight (BMI at or above the 95th percentile) or at risk of becoming overweight (BMI at or above the 85th percentile to the 95th percentile). In 2007, the observed value was 28.6%, which was an improvement of nearly 6%. The average annual percentage reduction was 2.0%. Although small, any improvement in this indicator is notable.

#### Objectives:

We are aware that the observed status in 2007 of 28.6 is less than (better than) the annual objective of 29.9. As stated in the 2006 field note, FHS had insufficient data initially for setting objectives. Although challenging, the 2009-2013 objectives have been revised to reflect a 2% annual reduction in this indicator from the baseline of 30.4% in 2004. Targets were revised through a multiplicative model using a factor of 0.98.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		12.5	16.6	15.7	13.4
Annual Indicator	18.6	15.4	13.5	15.6	
Numerator	10,377	9,142	8,161	9,506	
Denominator	55,912	59,372	60,411	60,864	
Data Source				Pregnancy Risk Assessment Monitoring System	
Do not report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	14.7	14.7	14.6	14.6	14.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

Estimates for this indicator are for calendar year and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, managed by the U.S. Centers for Disease Control and Prevention (CDC). Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which smoking status is unknown or unreported are excluded from the denominator.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, PRAMS data for 2004 were not available by June 2006. The Alabama Department of Public Health's (ADPH's) Center for Health Statistics will provide numbers from the PRAMS 2009 dataset soon after CDC provides the dataset, but numbers for 2009 are not expected to be available before April 2011.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

See this indicator's year 2009 Form 11 field note for the data source.

Trends:

From 2004-2008, this indicator has ranged from 13.5% in 2007 to 18.6% in 2005, with a median of 15.6% in 2008. At no time during the surveillance period did the indicator move in the same direction 3 years in succession.

Objectives:

Objectives through 2009 are retained from previous years. Objectives from 2010 forward have been revised upward (made less challenging) compared to previous objectives, which were unrealistic in light of the status of this indicator in recent years. To set the objectives, the combined numbers for 2006-2008 (26,809/180,647, or 14.8%) were considered to represent the year 2007 baseline. From that baseline, the newly set objectives require an annual decline (improvement) in the indicator of 0.3% per year. If the status of this indicator remains below (better than) its corresponding objective 3 years in a row, we will revise the objectives to make them more challenging.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

See 2006 field note for data source and trends during the 1994-2005 surveillance period.

Recent trends:

In 2005 the weighted percentage of mothers who smoked in the last 3 months of the referent pregnancy was 18.6%, the highest estimate during the 1994-2007 surveillance period. During 2006 and 2007, this indicator declined (improved) to 15.4% and 13.5% respectively. The 2007 estimate of 13.5% is the second lowest weighted percentage during the surveillance period, with the lowest being 13.3% in 2003.

Objectives:

We are aware that the objective for 2007 is higher (worse than) the observed status in both 2006 and 2007. While acknowledging that this sample-based estimate can fluctuate markedly from year to year, we have revised the objectives for 2009-2013 to achieve an average annual decline (improvement) of 0.4% per a multiplicative model, using the 2007 indicator (13.5%) as the baseline. Maintaining this indicator below the 2007 baseline will be challenging and, if achieved, a notable accomplishment.



**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.5	7.1	8.3	8.2	7.1
Annual Indicator	7.2	10.2	4.9	7.0	
Numerator	24	33	16	23	
Denominator	334,845	324,012	326,378	328,187	
Data Source				Vital records and Census	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	6.9	6.8	6.7	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

As discussed in the year 2009 note to National Performance Measure (NPM) #10, out-of-state reporting issues (recent non-reporting of some deaths of Alabama residents that occur out of state) may cause slight underestimation of mortality rates for Alabama residents in 2006, 2007, and 2008. However, analysis of out-of-state suicides of 15-19 year-old Alabama residents (in 2000-2008) has not shown any effect of the out-of-state reporting issue on NPM #16. Therefore, numbers shown on Form 11 for NPM #16 are obtained directly from the statistical death files for Alabama residents.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

All estimates shown are for calendar years.

Data issues concerning denominators for this indicator are discussed in the year 2009 Form 11 field note to NPM #8.

**Trends:**

The suicide rate among Alabama residents 15-19 years of age has not shown a consistent trend during the surveillance period (2000-2008). Over consecutive 3-year periods, this rate has been as follows: 7.5 deaths per 100,000 (72/959,191) in 2000-02, 7.6 deaths per 100,000 (72/949,144) in 2003-05, and 7.4 deaths per 100,000 (72/978,477) in 2006-08. Thus, the rate for 2006-08 was 2.0% lower than in 2000-02 and 3.0% lower than in 2003-05.

Rates for individual years in the surveillance period ranged from 4.9 deaths per 100,000 in 2007 to 10.2 deaths per 100,000 in 2006. Rates for overlapping 3-year periods ranged from 7.1 deaths per 100,000 in 2001-03 to 9.1 deaths per 100,000 in 2004-06.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by 0.3% per year. Comparing 2006-08 to 2003-05, the indicator declined by 1.0% per year.

**Objectives:**

Objectives through 2013 were retained from earlier years. Since the objective for 2013 (6.5 deaths per 100,000) is lower than any of the 3-year rates during the surveillance period, we set the year 2014 objective at 6.5 deaths per 100,000 as well.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

The U.S. Census Bureau's population estimates for persons 15-19 years of age are used as denominators for 2006 onward. Because population projections become

unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 11 for this indicator are based on the population projections for those years, because the web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths due to suicide per 100,000 population in this age group, are: for 2004, 9.5 (30/315,546); and for 2005, 7.5 (24/319,471).

**Trends:**

Among 15-19 year-old Alabama residents, the rate of suicide deaths showed no consistent trend over the surveillance period (2000-2007). Comparing 3-year periods, the rate remained about the same: at 7.51 deaths per 100,000 (72/958,944) in 2000-02 and 7.53 deaths per 100,000 (73/969,906) in 2005-07--for an overall increase of 0.2% and an average annual increase of 0.05%. The slight increase occurred because of the relatively high number of deaths in 2006. The lowest and highest rates for single years in the surveillance period were juxtaposed: with the lowest rate occurring in 2007 and the highest rate occurring in 2006.

**Objectives:**

In April 2009 objectives for 2009 onward were revised downward, based on the 2005-07 baseline. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual decline of 2.0%. We are aware that all of the objectives are higher (worse) than the rate of 4.9 deaths per 100,000 in 2007. However, this rate is the lowest during the surveillance period (2000-2007) and may fluctuate annually. If the rate remains around the 2007 level for 3 years in a row, objectives will again be revised downward.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	79.8	81.4	82.3	83.1	82.1
Annual Indicator	80.6	79.7	83.5	82.2	
Numerator	1,041	1,014	1,105	1,076	
Denominator	1,291	1,273	1,324	1,309	
Data Source				Occurrent, residential live birth file	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	83.6	83.7	83.9	84.1	84.2
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010.

This paragraph pertains to NPMs #17 and #18: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occur outside of the State have apparently been underreported to the Alabama Department of Public Health (ADPH) in recent years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends and provide misleading baselines for setting future objectives. In an effort to account for these issues, our analyses of NPMs #17 and #18 are based on occurrent events only. That is, when analyzing trends, we counted only births that occurred in Alabama to Alabama residents. However, because TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numbers shown on Form 11 for those years include out-of-state, as well as in-state, births to Alabama residents.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

All estimates pertain to calendar years.

For reasons discussed in this indicator's year 2009 Form 11 field note, our analysis of NPM #17 is based on occurrent events only. That is, when analyzing trends, we counted only births that occurred in Alabama to Alabama residents. However, because TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numbers shown on Form 11 for those years include out-of-state, as well as in-state, births to Alabama residents.

Trends:

The study population for this analysis of trends is very low birth weight (VLBW) live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the percentage of births that occurred at a perinatal center during consecutive 3-year periods was as follows: 82.6% (2,932/3,549) in 2000-02, 83.9% (2,975/3,546) in 2003-05, and 83.1% (3,195/3,847) in 2006-08.

For single years during the surveillance period, the percentage of VLBW live births that occurred at a perinatal center ranged from 80.5% (994/1,235) in 2000 to 84.9% (1,001/1,179) in 2002, with a median of 83.5% in 2007.

Trends in this indicator during the surveillance period were neither notable nor statistically significant. Specifically, statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel-Haenszel statistics, using SAS(TM). P-values ranged from 0.3283 to 0.6383.

Objectives:

Objectives through 2009 are retained from earlier years. When setting objectives for subsequent years, the percentage for 2006-08 (83.1%, or 3,195/3,847) was considered to represent the year 2007 baseline. Because this indicator has not improved over the surveillance period, the objectives require only a slight improvement, of 0.2% per year, from the 3-year baseline for 2007. Nevertheless, in light of the lack of improvement during the surveillance period, the objectives are challenging.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:**

**Column Name:****Year:** 2007**Field Note:****Data Issues:**

Based on consultation with the Director of the State Perinatal Program in December 2008, 2 hospitals that had previously been classified as perinatal centers were reclassified as non-perinatal centers for 1999 onward. The estimates shown on Form 11 for this indicator for 2006 and thereafter are based on the new classification system. However, numbers shown on Form 11 for 2005 are based on the previous classification system, because the web-based TVIS does not allow us to directly change the estimate for 2005. As a corollary, the estimate shown for 2005 is no longer our best estimate for that year. Instead, in 2005, 81.0% (1,046/1,291) of VLBW live-born infants were born at a perinatal center.

**Trends:**

For Alabama VLBW residential live births, the percentage of infants who were born at a perinatal center increased slightly, from 79.3% (2,932/3,697) in 2000-02 to 80.9% (3,165/3,912) in 2005-07: for an overall increase of 2.0% and an average annual increase of 0.4%. However, year-to-year trends were not consistent during the surveillance period (2000-2007), though the highest percentage occurred in 2007 and the lowest percentage (77.5%) occurred in 2000.

**Objectives:**

In April 2009 objectives for 2009 onward were revised, based on the 2005-07 baseline for the new classification system. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual increase (improvement) of 0.5%. These objectives are challenging, given that 82.0% was the highest value for this indicator during the surveillance period (2000-2007).



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	87.8	83	83.4	83.8	82.5
Annual Indicator	82.5	81.2	79.2	78.5	
Numerator	49,743	51,115	49,916	49,045	
Denominator	60,262	62,915	63,005	62,466	
Data Source				Occurrent, residential live birth file	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	80.3	80.4	80.6	80.8	80.9
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

All estimates pertain to calendar years. For all years shown, the numerator is the number reporting prenatal care as beginning during the 1st, 2nd, or 3rd month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc."

For reasons discussed in the year 2009 Form 11 field note for NPM #17, our analysis of NPM #18 is based on occurrent events only. That is, when analyzing trends, we counted only births that occurred in Alabama to Alabama residents. However, because TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numbers shown on Form 11 for those years include out-of-state, as well as in-state, births to Alabama residents.

**Trends:**

The study population for this analysis of trends is live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the proportion of infants whose mother had received early (1st-trimester) prenatal care during consecutive 3-year periods was as follows: 82.6% (146,396/177,341) in 2000-02, 83.6% (144,661/173,094) in 2003-05, and 79.8% (148,843/186,541) in 2006-08.

For single years during the surveillance period, the proportion of infants whose mother had received early prenatal care ranged from 78.5% (49,045/62,466) in 2008 to 84.0% (48,191/57,379) in 2004, with a median of 82.4% (50,793/61,618) in 2000. After peaking at 84.0% in 2004, this indicator declined (worsened) in each subsequent year.

The decline in this indicator during the surveillance period was statistically significant. Specifically, statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel-Haenszel statistics, using SAS(TM). In each case, the p-value was less than 0.0001. Comparing 2006-08 to 2003-05, this indicator declined (worsened) by 4.5%: from 83.6% in 2003-05 to 79.8% in 2006-08.

**Objectives:**

Objectives through 2009 are retained from earlier years. When setting objectives for subsequent years, the percentage for 2006-08 (79.8%, or 148,843/186,541) was considered to represent the year 2007 baseline. The newly set objectives require only a slight improvement, of 0.2% per year, from the 3-year baseline for 2007. Nevertheless, in light of the worsening of this indicator during each of the last 4 years of the surveillance period, the objectives are quite challenging.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

The data source is the residential live birth file for Alabama from 2000-2007.

Trends:

For Alabama residential live births, the percentage of infants whose mother had received prenatal care in the 1st trimester declined from 82.6% (150,540/182,328) in 2000-02 to 81.0% (151,676/187,357) in 2005-07: for an overall decline of 1.95% and an average annual decline of 0.4%. With respect to single years, from a baseline of 82.5% in 2000, this indicator declined in 2001 and then increased 3 years in a row, bringing it to 83.7% in 2004. After then declining 3 years in a row, this indicator was at its lowest (worst) level for the surveillance period in 2007, when the mothers of 79.2% of infants had received prenatal care in the 1st trimester.

Objectives:

In April 2009 objectives for 2009 onward were revised, to require that the indicator stabilize at the 2004-06 rate of 82.5% (150,357/182,347). Given recent declines (worsening) in this indicator, an objective of stabilizing at 82.5% is quite challenging.



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AL**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Of 0-9 year-old children enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received care coordination in the reporting year.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		4.5	4.7	6.1	6.1
<b>Annual Indicator</b>	4.3	5.2	6.1	5.9	3.8
<b>Numerator</b>	12,781	15,853	18,144	17,760	12,068
<b>Denominator</b>	296,576	302,638	297,163	301,532	319,564
<b>Data Source</b>				Care Coordination program files and EPSDT Report	Care Coordination program files and EPSDT Report
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	6.2	6.2	6.2	6.2	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Sources:

The numerator is from the Alabama Department of Public Health (ADPH) EPSDT care coordination report, and the denominator is from the Alabama Medicaid Agency's (Medicaid's) "Form CMS-416: Annual EPSDT Participation Report." The numerator and denominator are unduplicated counts.

All estimates are for fiscal years.

Trends:

From 2003-2008, single-year estimates for this indicator ranged from 3.2% in 2003 to 6.1% in 2007, with a median of 4.7% in 2004. After peaking at 6.1% in 2007, the indicator declined slightly in 2008 and then declined markedly, to 3.8%, in 2009.

Objectives:

Per the web-based Title V Information System instructions, objectives are not being updated.

**2. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Sources:

The numerator is from ADPH's EPSDT care coordination report, and the denominator is from Medicaid's "Form CMS-416: Annual EPSDT Participation Report." The numerator and denominator are unduplicated counts.

Trends:

Comparing single-years spaced 5 years apart, this indicator improved by 85.5%: from 3.2% in 2003 to 5.9% in 2008. Comparing adjacent 3-year periods, the measure improved by 41.1%: from 4.1% in 2003-05 to 5.7% in 2006-08.

Objectives:

Since the target of 6.2% remains challenging, it was extended through the year 2013.

**3. Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The numerator is from ADPH's EPSDT care coordination report, and the denominator was provided by the Alabama Medicaid Agency. The numerator and denominator are unduplicated counts.

Because observed values surpassed (were better than) the targets for 2006 and 2007, we have revised the objectives for 2008-2009 upward to 6.1%, and those for 2010-2012 upward to 6.2%. On the surface, objectives for 2008-2012 appear modest, compared to the 2007 baseline of 6.1%. However, the observed value may fluctuate and--especially without well documented historical trends--we are not confident that it will remain as high as 6.1%. Therefore, remaining at 6.1% for 2 years and achieving a status

of 6.2% by 2010--as shown in the objectives--would be a notable accomplishment. If the observed value for this indicator notably increases in FY 2008, objectives will again be revised upward.

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		37	38.1	39.2	40.4
<b>Annual Indicator</b>	35.9	37.0	45.0	41.6	45.2
<b>Numerator</b>	180,089	188,475	226,476	203,444	235,378
<b>Denominator</b>	501,766	509,155	503,051	489,049	520,955
<b>Data Source</b>				CMS-416: Annual EPSDT Participation Report	CMS-416: Annual EPSDT Participation Report
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	41.6	42.9	45	45	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:****Source:**

The numerator and denominator for this measure come from the Alabama Medicaid Agency's (Medicaid's) "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2009. Per this report, the age range is from birth through 20 years. All estimates are for fiscal years.

**Trends:**

From 2003-2008, single-year estimates for this indicator ranged from 31.5% in 2003 to 45.2% in 2009, with a median of 37.0% in 2006. With the exception of 2008, this indicator increased (improved) every year from 2004 onward.

**Objectives:**

Per the web-based Title V Information System instructions, objectives are not being updated at this time.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:****Source:**

The numerator and denominator for this measure come from Medicaid's "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2008. Per this report, the age range is from birth through 20 years.

**Trends:**

The percentage of Alabama Medicaid EPSDT enrollees who received a dental service increased (improved) from 34.0% (501,766/1,475,464) in 2003-05 to 41.2% (618,395/1,501,255) in 2006-08: for an overall increase of 21.1% and an average annual increase of 6.6%.

With respect to single years, in 2008 the percentage of Alabama Medicaid EPSDT enrollees who received a dental service declined to 41.6%, which was 3.4% below the status (45.0%) in 2007. It is notable that, for the first time since FY 2003, the number of individuals eligible for EPSDT also declined in 2008.

**Objectives:**

We are aware that the observed value for 2008 surpasses the target for 2009. However, the decline of this indicator in 2008 makes future trends uncertain. Therefore, we have not changed targets for 2009-2012 and have set the target for 2013 to match the 2007 observed status of 45.0. Targets will be reconsidered in FY 2010.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

This indicator improved remarkably in FY 2007, when 45% of Alabama Medicaid EPSDT enrollees received a dental service. We are aware that the observed value for 2007 surpasses the targets for the years 2007 through 2011. However, since the marked improvement in 2007 may be atypical and the percentage could decline in the future, we have retained previously set targets and set the target for 2012 to match the year 2007 observed status of 45%. If the percentage remains at around 45% or higher in FY 2008, in FY 2009 we will revise the targets upward.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

The pregnancy rate (per 1,000) for adolescents aged 15-17 years.

	<b>Annual Objective and Performance Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		38.3	36.8	36.1	40.8
<b>Annual Indicator</b>	37.4	40.2	41.9	38.7	
<b>Numerator</b>	3,671	3,882	4,074	3,720	
<b>Denominator</b>	98,093	96,589	97,125	96,123	
<b>Data Source</b>				Vital records and Census	
<b>Is the Data Provisional or Final?</b>				Provisional	

	<b>Annual Objective and Performance Data</b>				
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	40.6	40.4	40.2	40	
<b>Annual Indicator</b>					
<b>Numerator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

**Data Issues:**

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. The estimate will be provided by July 2011.

**2. Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

The pregnancy rate is the number of estimated pregnancies per 1,000 females in the specified age group: where estimated pregnancies include live births, induced abortions, and estimated total fetal losses. When estimating the adolescent pregnancy rate, we sought to account for out-of-state reporting issues that have probably led to slight undercounting of adolescent pregnancies in Alabama in recent years. These reporting issues and the methods we used to account for them, as well as details about the composition of the adolescent pregnancy rate, are described in Technical Note #6 to Alabama's 2009-10 Needs Assessment Report. Due to these reporting issues, the adolescent pregnancy rates for 2006-2008 are provisional rates based on certain assumptions about missing data. Because of the assumptions involved, rates shown here may not precisely match those that may be published elsewhere.

Our current best estimate of the number of pregnancies in this age group in 2006 is 3,913 pregnancies, rather than the number shown on Form 11 for 2006. As well, our analysis of trends is based on updated population estimates. Therefore, our current best estimates for this indicator for 2005 and 2006 are as follows, rather than as shown on Form 11: 38.8 pregnancies per 1,000 (3,671/94,679) in 2005, and 40.5 pregnancies per 1,000 (3,913/96,682) in 2006. (The web-based Title V Information System[TVIS] does not permit us to directly revised estimates for 2005 and 2006.)

**Trends:**

As stated in the 2009-10 Needs Assessment Report, from 2000-2008, this indicator ranged from 38.7 pregnancies per 1,000 females in 2008 to 52.9 pregnancies per 1,000 females in 2000. From the 2000 baseline, in 15-17 year-old Alabama females, the pregnancy rate declined (though sometimes very slightly) every year except 2006 and 2007, when it rose each year before declining again in 2008. However, due to the out-of-state reporting issues mentioned above, actual recent pregnancy rates in this population are uncertain.

**Objectives:**

Per TVIS instructions, objectives are not being updated at this time.

**3. Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

Data sources for the numerator are Alabama vital statistics files for, respectively, live births, fetal deaths, and abortions. The reference for each numerator is Table 27 in the "Alabama Vital Statistics " series, produced by the Alabama Department of Public Health's Center for Health Statistics.

The denominator shown on Form 11 for 2005 was derived from population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the pregnancy rate per 1,000 among 15-17 year-old Alabama females in those years was 42.1 (3,893/92,474) in 2004 and 38.8 (3,671/94,586) in 2005.

**Trends:**

Earlier in this decade, the pregnancy rate per 1,000 among Alabama 15-17 year-old females declined (improved) from 53.0 pregnancies per 1,000 such females in 2000 to 38.8 pregnancies per 1,000 in 2005. This rate declined every year during that period. Then, however, the rate increased to 40.2 pregnancies per 1,000 in 2006 and again

increased to 41.2 pregnancies per 1,000 in 2007. Comparing 3-year periods, the pregnancy rate among 15-17 year-old females declined from 48.5 per 1,000 (13,611/280,553) in 2000-02 to 40.1 per 1,000 (11,550/288,196) in 2005-07: for an overall decline of 17.4% and an average annual decline of 3.8%.

However, comparing the most recent 2-year periods, the rate rose by 0.6%: from 40.4 per 1,000 (7,564/187,060) in 2004-05 to 40.7 per 1,000 (7,879/193,610) in 2006-07.

The estimated number of pregnancies in this age group in 2007 was 3,997: about 231 more pregnancies than would have occurred if the 2007 rate had been identical to the 2005 rate of 38.8 per 1,000 (3,671/94,586).

**Objectives:**

Objectives from 2009 onward were revised, to require an annual decline of 0.5% from the 2007 baseline. These objectives are challenging, given the increases in this rate in 2006 and 2007.



**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

The percentage of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation in the Youth Risk Behavior Survey (YRBS).

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		29	28.7	28.4	28.1
<b>Annual Indicator</b>	32	32	32	27.6	27.6
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>				Youth Risk Behavior Survey System	Youth Risk Behavior Surveillance System
<b>Is the Data Provisional or Final?</b>				Provisional	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	27.9	27.9	27.9	27.9	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

The U.S. Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Survey System's (YRBSS's) web site, which can be queried, is the source used by FHS for estimating the prevalence of tobacco use among high school students. YRBSS consists of a national school-based survey conducted every 2 years by CDC and state, territorial, and local school-based entities. The survey, which is conducted by health and education agencies, has been conducted in odd years, beginning with 1991. YRBSS data represent students in grades 9-12 in the 50 states and the District of Columbia. The National YRBSS includes both public and private schools in the sampling frame. For state-level findings, the sampling frame includes only public schools. Findings are weighted estimates based on samples of students. Each estimate therefore reflects some degree of random statistical error. Findings (point estimates and confidence intervals) and a full description of methods are obtainable from a CDC web site.

In Alabama, the survey is conducted through the State Department of Education (SDE). Although Alabama participated in YRBSS during survey years from 1991-2009, the State had a response rate of less than 60% in 2007, so data for 2007 were neither weighted by CDC nor posted on CDC's web site.

The 2009 YRBSS findings for Alabama were available on the CDC's web site as of June 3, 2010. The actual denominator for this indicator was not provided; however, the 95% confidence interval was given for interpretation of statistical significance.

Objectives:

Per web-based TVIS instructions, objectives are not being updated at this time.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

Year 2007 YRBSS estimates for Alabama are not available on CDC's web site. Through consultation with the Alabama Department of Public Health's Bureau of Health Promotion and Chronic Disease, in which Alabama's YRBSS is administratively located, we learned that CDC will not publish Alabama's 2007 data because they are unweighted and are not representative of all students in grades 9-12 attending public schools in Alabama. Therefore, the FY 2009 estimate, obtained in June 2010, is used as the best estimate for 2008.

Objectives:

Because no recent estimate was available when the year 2013 objective was set, it was set to match the objectives for 2011-2012.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

For reasons discussed in the year 2008 note, the YRBSS-based rate for 2005 is shown as our best estimate for 2007.

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

The degree to which the State CSHCN Program assures that all CYSHCN have adequate access to primary and specialty care and allied health and other related services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		2	3	14	15
Annual Indicator		1	13	14	14
Numerator		1	13	14	14
Denominator	15	15	15	15	15
Data Source				Checklist	Checklist
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves improving the knowledge base of health care providers in local communities related to the unique needs of CYSHCN and their families. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #5, "Last Year's Accomplishments." Please see the narrative sections for SPM #5 for more detailed information.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves improving the knowledge base of health care providers in local communities related to the unique needs of CYSHCN and their families. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #5, "Last Year's Accomplishments." Please see the narrative sections for SPM #5 for more detailed information.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about measurement and data-related issues.

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

The degree to which the State CSHCN Program collaborates with schools, advocacy groups, and families to enhance inclusive participation by CYSHCN in their schools and communities.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		2	3	13	14
<b>Annual Indicator</b>		1	12	13	14
<b>Numerator</b>		1	12	13	14
<b>Denominator</b>	15	15	15	15	15
<b>Data Source</b>				Checklist	Checklist
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	15	15	15	15	
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves providing training and promoting advocacy both for families and for schools and communities. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #6, "Last Year's Accomplishments." Please see the narrative sections for SPM #6 for more detailed information.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves providing training and promoting advocacy both for families and for schools and communities. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #6, "Last Year's Accomplishments." Please see the narrative sections for SPM #6 for more detailed information.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about measurement and data-related issues.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

The degree to which the Bureau of Family Health Services (Bureau) collects, analyzes, and disseminates findings from data pertinent to ongoing maternal and child health (MCH) needs assessment.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		6	9	14	14
Annual Indicator	5	8	14	12	15
Numerator	5	8	14	12	15
Denominator	18	18	18	18	18
Data Source				FHS Program	FHS Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>14</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>          </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may				
Numerator	establish objectives for those measures on Form 11 for the new needs assessment period.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

All scores pertain to fiscal years.

The scored checklist for 2009 is attached to Section IV.D, State Performance Measure (SPM) #7, "Last Year's Accomplishments."

Components of the Total Score:

Item #1--The State Perinatal Program is currently implementing fetal and infant mortality review (FIMR) statewide (score = 2).

Item #2--At least 1 functional child death review team was present in each judicial circuit, and key findings have been reported to the Alabama Department of Public Health (ADPH) and others (score = 3).

Item #3--Salient findings from the 2007 National Survey of Children's Health database were reported as part of the 2009-10 Needs Assessment process (score = 3).

Item #4--The Maternal and Child Health Epidemiology Branch last produced a collaborative, data-based report on a particular issue of major importance in April 2007. Since then, their resources have been mainly devoted to the Maternal and Child Health (MCH) Services Block Grant annual reports/applications and to planning and implementing the 2009-10 Needs Assessment. The annual reports/applications and the MCH Needs Assessment Report broadly cover a wide range of issues, rather than focusing on a particular issue (score = 2).

Item #5--Along with the MCH Services Block Grant 2009 Annual Report/2011 Application, ADPH is submitting a full report of the 2009-10 MCH Needs Assessment (score = 3).

Item #6--ADPH's Bureau of Family Health Services (FHS) has not recently produced a reader-friendly needs assessment report on children and youth. However, in December 2006, the University of Alabama at Birmingham's School of Education, with guidance from FHS's Coordinator of Adolescent Health, produced a report on identifying priority adolescent needs (score = 2).

Trends:

Notable progress on this measure was made by 2007, when the score increased to 14 out of a possible 18. However, the score declined to 12 in 2008 because only 1 perinatal region had a functional FIMR program in FY 2008. In FY 2009, the score increased to 15, which surpassed the objective.

Objectives:

Per the web-based Title V Information System instructions, objectives are not being updated at this time.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Objectives:

The State Perinatal Program is currently implementing FIMR statewide. Therefore, the score for this indicator is expected to return to 14 in 2009 or 2010 and remain there through 2011, when the objective increases to 18. Achieving a score of 18 is contingent on utilization of findings from the National Survey of Children's Health in the ongoing 5-year MCH Needs Assessment (item 3 on the checklist), production of a reader-friendly statewide needs assessment report focusing on children and youth (item 6 on the checklist), progress in FIMR (item 1 on the checklist), and maintenance of effort regarding other items on the checklist.

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Objectives:

Objectives for 2008 and 2009 have been revised upward, to match the score achieved in 2007. Due to competing reporting responsibilities, further progress on the criteria for this measure is not expected until 2011, when the target is the maximum score for this indicator. Whether this maximum score will be achieved, however, depends on future

staffing and budgetary resources and on emerging issues.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: AL**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	9.2	9.1	8.8	8.8	9.2
Annual Indicator	9.3	9.0	10.0	9.5	9.5
Numerator	561	569	641	612	612
Denominator	60,262	62,915	64,180	64,345	64,345
Data Source				Vital statistics files	Vital statistics files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	9.2	9.1	9.1	9	8.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Sources:**

The data sources are Alabama residential live birth files (denominator files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

See year 2007 note for discussion of trends in earlier years. In 2008, the infant mortality rate declined to 9.5 deaths per 1,000 live births.

**Objectives:**

Objectives from 2010-2013 have been revised upward slightly, to be more realistic in light of the most recent 3-year rate available: which is 9.5 infant deaths per per 1,000 live births in 2006-08. Considering this baseline to represent the year 2007 baseline, the newly set objectives require an average decline of 1.0% per year.

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Sources:**

See year 2008 note for data sources.

**Trends:**

As shown on Form 12, the infant mortality rate increased notably in 2005, declined in 2006, and then increased sharply, to 10.0 deaths per 1,000 live births in 2007.

Comparing 3-year periods over a longer term, the infant mortality rate increased from 9.3 deaths per 1,000 live births (1,699/182,328) in 2000-02 to 9.5 deaths per 1,000 live births (1,771/187,357) in 2005-07: for an overall increase of 1.4%. The lowest 3-year infant mortality rate during the surveillance period was 8.9 deaths per 1,000 live births in

2002-04 and 2003-05.

**Objectives:**

Objectives from 2009 onward were calculated by adding the objectives (carried out to 5 decimals) for the corresponding neonatal and postneonatal mortality rates. (Methods for determining neonatal and postneonatal mortality objectives are respectively described in the year 2007 field notes for National Outcome Measures #3 and #4.) Given the recent increase in the infant mortality rate, the objectives are challenging.

**Discussion:**

The Alabama Department of Public Health (ADPH) is very concerned about the increase in the State's infant mortality rate in 2007. Both the neonatal and postneonatal mortality rates increased in the State in that year, relative to 2006. ADPH is further assessing this increase and is seeking to implement measures to reduce the risk of death among Alabama infants. Public input concerning potential reasons for the increase is being sought as part of the ongoing fiscal year 2009-10 maternal and child health needs assessment. Also as part of this needs assessment, trends in infant mortality will be studied according to various demographic characteristics, source of payment for delivery, age at death, and birth weight. Further, the State is expanding its fetal and infant mortality review program, which is discussed in the narrative for National Performance Measure #17 and State Performance Measure #7.



**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
Annual Performance Objective	2	1.9	1.9	1.9	1.9
Annual Indicator	2.0	2.1	1.8	1.9	1.9
Numerator	14.4	14.3	14.6	14.1	14.1
Denominator	7.2	6.7	8	7.6	7.6

**Data Source**

Vital statistics files

Vital statistics files

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Sources:**

The data sources are Alabama residential live birth files for the stated years and Alabama residential infant death cohort files for the stated years. For the birth files, residence and race are reported according to the mother's characteristics. For the death files, residence and race are reported according to the decedent's characteristics. All estimates are for calendar years.

**Trends:**

See year 2007 note for discussion of trends in earlier years. The ratio increased to 1.9 in 2008.

**Objectives:**

For reasons discussed in the year 2007 note, the year 2014 objective has been set at 1.9, which is the same as objectives for recent years. If the status of this indicator remains at 1.9 or below for 3 successive years, objectives will be revised downward.

**3. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Sources:**

See year 2008 note.

**Trends:**

Among Alabama residential live births, after ranging from 2.0 to 2.1 from 2004-2006, the ratio of the Black infant mortality rate to the White infant mortality rate declined to 1.8. In Alabama the infant mortality rates for Black infants and for White infants were higher in 2007 than in any of the other years shown. The decline in the State's racial infant mortality gap in 2007 was due to notably higher mortality among White infants in that year compared to earlier years.

**Objectives:**

Objectives for 2012 and 2013 have been set to match the objective for 2011. We are aware that the rate ratio for 2007, which is 1.8, is lower than the targets shown. However, historical trends in the State suggest that rate ratios of 1.8 or lower may not consistently occur in the near future. Further, underlying rates should be considered when interpreting rate ratios. Therefore, future objectives for this rate ratio remain at 1.9. Objectives for 2010-2013 will be reconsidered by December 2009, when a final 3-year baseline for 2006-08 should be available.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>	6	5.5	5.4	5.4	5.8
<b>Annual Indicator</b>	5.7	5.8	6.3	5.9	5.9
<b>Numerator</b>	342	366	407	378	378
<b>Denominator</b>	60,262	62,915	64,180	64,345	64,345

**Data Source**

Vital statistics files

Vital statistics files

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	5.8	5.8	5.7	5.7	5.6
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Sources:**

The data sources are Alabama residential live birth files (denominator files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

See year 2007 note for discussion of trends in earlier years. In 2008, the neonatal mortality rate declined to 5.9 deaths per 1,000 live births.

**Objectives:**

Objectives from 2010-2013 have been revised upward slightly, to be more realistic in light of the most recent 3-year rate available: which is 6.0 neonatal deaths per per 1,000 live births in 2006-08. Considering this baseline to represent the year 2007 baseline, the newly set objectives require an average decline of 1.0% per year from the unrounded baseline.

**3. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Sources:**

See year 2008 note.

**Trends:**

As shown on Form 12, the neonatal mortality rate increased notably in 2005, increased slightly in 2006, and then again increased notably, to 6.3 deaths per 1,000 live births in 2007.

Comparing 3-year rates (for 2000-02 and 2005-07) over a longer term, the neonatal mortality rate increased from 5.9 deaths per 1,000 live births (1,069/182,328) in 2000-02 to 6.0 deaths per 1,000 live births (1,115/187,357) in 2005-07: for an overall increase of 1.5%. The lowest 3-year neonatal mortality rate during the surveillance period was 5.4 deaths per 1,000 live births in 2002-04 and 2003-05.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 6.0 deaths per 1,000 live births: considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the recent increase in the neonatal mortality rate, the objectives are challenging.



**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>	3.2	3.6	3.4	3.4	3.4
<b>Annual Indicator</b>	3.6	3.2	3.6	3.6	3.6
<b>Numerator</b>	219	203	234	234	234
<b>Denominator</b>	60,262	62,915	64,180	64,345	64,345

**Data Source**

Vital statistics files

Vital statistics files

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	3.4	3.4	3.3	3.3	3.3
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Sources:**

The data sources are Alabama residential live birth files (denominator files) for the stated years and Alabama residential infant death cohort files (numerator files) for the stated years. For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

See year 2007 note for discussion of trends in earlier years. In 2008, the postneonatal mortality rate remained at 3.6 deaths per 1,000 live births.

**Objectives:**

Objectives from 2010 forward were calculated by subtracting the unrounded neonatal mortality objective for the specified year from the unrounded infant mortality objective for the specified year.

**3. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Sources:**

See year 2008 note for data sources.

**Trends:**

As shown on Form 12, the postneonatal mortality rate declined notably in 2006 and then returned to the year 2004 and 2005 level in 2007: when there were 3.6 postneonatal deaths per 1,000 live births.

Reviewing 3-year periods over a longer term, the postneonatal mortality rate ranged from 3.4 deaths per 1,000 live births in 2001-03 and 2002-04 to 3.6 deaths per 1,000 live births in 2003-05. The median 3-year rate over this time period, 3.5 deaths per 1,000 live births, occurred at the beginning and end of the surveillance period (2000-02, 2004-06, and 2005-07).

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 3.5 deaths per 1,000 live births (656/187,357): considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the recent increase in the postneonatal mortality rate, the objectives are challenging, especially considering that the single-year rate for 2006 was the lowest single-year rate during the surveillance period (2000-2007). Because the Title V Information System shows decimals to only 1 number, targets from 2009 forward remain the same for 2 or 3 years in a row.



**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	8	8.8	8.2	8.1	8.3
Annual Indicator	8.8	8.4	8.6	9.0	9.0
Numerator	535	535	556	584	584
Denominator	60,805	63,486	64,765	64,932	64,932
Data Source				Vital statistics files	Vital statistics files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	8.4	8.3	8.2	8.2	8.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

The data sources are Alabama residential live birth files (per mother's residence), residential death files (per decedent's residence), and residential fetal death files (per mother's residence). The numerator is the number of infant deaths occurring at less than 7 days of age plus the number of fetal deaths delivered at 28 weeks gestation or later, per calculated weeks gestation. The denominator is the number of live births plus the total number of reported fetal deaths. Nearly all of the denominator fetal deaths (96.5% from 2000-2008) were delivered at 20 weeks calculated gestation or later, because Alabama does not require reporting of fetal deaths occurring prior to 20 weeks gestation.

**Trends:**

See year 2007 note for discussion of trends in earlier years. In 2008, the perinatal mortality rate increased to 9.0 deaths per 1,000 live births plus fetal deaths. This was due to an increase in the number of reported fetal deaths at 28 or more weeks gestation: from 250 deaths in 2007 to 288 deaths in 2008. The number of early neonatal (under 7 days of age) deaths declined slightly: from 306 in 2007 to 296 in 2008.

**Objectives:**

Objectives from 2010-2013 have been revised upward slightly, to be more realistic in light of the most recent 3-year rate available: which is 8.7 perinatal deaths per per 1,000 live births plus fetal deaths in 2006-08. Considering this baseline to represent the year 2007 baseline, the newly set objectives require an average decline of 1.0% per year.

**3. Section Number:** Form12\_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

See year 2008 note for data issues.

Per updated analyses, the final estimated perinatal mortality rates for 2004 and 2005 are as follows: 8.4 deaths per 1,000 live births plus fetal deaths (504/59,719) in 2004, and 8.8 deaths per 1,000 live births plus fetal deaths (534/60,805) in 2005. The Title V Information System does not permit us to directly correct Form 12 estimates for those years.

**Trends:**

As shown on Form 12, the perinatal mortality rate increased notably in 2005, declined in 2006, and then again increased, to 8.6 perinatal deaths per 1,000 live births plus fetal deaths in 2007.

Comparing 3-year rates (for 2000-02 and 2005-07) over a longer term, the perinatal mortality rate declined from 8.9 deaths per 1,000 live births plus fetal deaths (1,635/184,059) in 2000-02 to 8.6 deaths per 1,000 live births plus fetal deaths (1,625/189,056) in 2005-07: for an overall decline of 3.2%, or an average annual decline

(assuming a constant rate of change) of 0.7%. The lowest 3-year perinatal mortality rate during the surveillance period was 8.4 deaths per 1,000 live births plus fetal deaths in 2002-04 and 2003-05. The highest 3-year rate (8.9 per 1,000) during this period occurred in 2000-2002, the baseline period.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 8.6 perinatal deaths per 1,000 live births plus fetal deaths: considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. The objectives are challenging relative to the average annual rate of decline (0.7% per year, as cited above) between 2000-02 and 2005-07.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	30.5	24	23.8	23.5	24.1
Annual Indicator	24.3	25.8	22.9	24.8	24.8
Numerator	213	222	197	214	214
Denominator	874,809	860,397	860,036	863,306	863,306
Data Source				Vital statistics and Census files	Vital statistics and Census files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	24.6	24.5	24.3	24.2	24.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2009 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. Since the web-based Title V Information System requires an estimate, however, we are submitting the year 2008 estimate as our best estimate for 2009 as well.

If the final year 2009 files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2010, we will submit the year 2009 estimate in September 2010. Otherwise, the estimate will be submitted by July 2011.

**2. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

All estimates shown are for calendar years.

Data issues concerning denominators for this indicator are discussed in this indicator's year 2007 Form 11 field note. The denominators shown for 2007 and 2008 are the most recent population estimates available from the U.S. Census Bureau, as derived from a detailed spreadsheet (SC-EST2008-alldata6-AL-ID).

The numbers of deaths shown for this indicator on Form 12 do not account for apparent underreporting, in some recent years, of deaths of Alabama residents that occur outside of the State.

**Trends:**

For 2009-10 Needs Assessment purposes, rather than analyzing trends in deaths of 1-14 year-old Alabama residents combined, we analyzed trends in mortality rates among 1-4 year-old children and 5-14 year-old children and youth. These trends are discussed, according to race, in the narrative for Health Status Indicators #8A and #8B, located in Section IV.E. The discussion of these indicators seeks to account for the out-of-state reporting issue mentioned above.

**3. Section Number:** Form12\_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

The U.S. Census Bureau's population estimates for persons 1-14 years of age are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 12 for this indicator are based on the population projections for those years, because the web-based TVIS does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths among 1-14 year-old Alabama residents per 100,000 persons in this age group, are: for 2004, 27.3 (234/858,559); and for 2005, 24.9 (213/856,232).

**Trends:**

Among 1-14 year-old Alabama residents, comparing rates for 3-year periods (2000-02 and 2005-07), the death rate per 100,000 persons declined by 14.2% overall: from 28.6 deaths per 100,000 (742/2,598,708) in 2000-02 to 24.5 deaths per 100,000 (632/2,579,592) in 2005-07. From the baseline period of 2000-02, the death rate among 1-14 year-old residents declined in each overlapping 3-year period (2001-03, 2002-04, etc.), to reach 24.5 deaths per 100,000 in 2005-07. Comparing 2005-07 to 2000-02 and assuming a constant percent change, the death rate in this age group declined by an average of 3.0% per year.

**Objectives:**



Objectives from 2009 forward require an average annual decline of 0.5%: from the unrounded 2005-07 rate of 24.5 deaths per 100,000 1-14 year-old residents, which is considered a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. We are aware that this rate of decline is much slower than the 3.0% annual decline described above, but that high rate of decline is unlikely to continue. As well, we are aware that the objectives for 2009 forward are higher (worse) than the observed status of this indicator in 2007. However, the observed rate of 22.8 deaths per 100,000 in 2007 was unusually low, and this rate can be expected to fluctuate from year to year.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: AL**

**Form Level Notes for Form 12**

None

**STATE OUTCOME MEASURE # 1 - REPORTING YEAR**

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
<b>Annual Performance Objective</b>	39	44.4	48	47.5	58.7
<b>Annual Indicator</b>	49.8	58.1	70.4	49.6	
<b>Numerator</b>	26	31	38	27	
<b>Denominator</b>	52,216	53,311	54,000	54,451	
<b>Data Source</b>					
<b>Is the Data Provisional or Final?</b>	Provisional				

  

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
<b>Annual Performance Objective</b>	58.4	58.2	57.9	57.6	
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_State Outcome Measure 1

**Field Name:** SO1

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health in recent years. This out-of-state reporting issue may cause slight underestimation of mortality rates for the years 2006, 2007, and 2008. Though slight, such underestimation could lead to appreciable distortion of trends in mortality rates, as well as to overly optimistic baselines for setting future objectives. Therefore, for SOM #01, we have adjusted the number of deaths for 2006, 2007, and 2008 by: 1) computing the mean annual number of applicable deaths that occurred out of state for 2 time periods (2000-2005 and 2006-08); 2) subtracting the mean for the later period from that for the earlier period; and 3) for 2006, 2007, and 2008, adding the difference to the number of deaths shown in Alabama's statistical death files. In the case of SOM #01, the difference in means was 0.33 deaths per year. Accordingly, we added 0 deaths for 2006, 0 deaths for 2007, and 1 death for 2008. Because the web-based TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numerators shown on Form 11 for those years for SOM #01 do not reflect the adjustment. Also, for this measure, the adjusted numerators shown for 2007 and 2008 do not match corresponding numbers that may have been or may soon be published in annual publications of Alabama vital statistics.

When analyzing trends in this measure, we used the U.S. Census Bureau's population estimates for denominators. These estimates are derived from a detailed, state-level spreadsheet released in May 2009: "SC-EST2008-alldata6: Annual State Resident Population Estimates for 6 Race Groups by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2008." In their annual releases, the Census Bureau often revises previous estimates, but TVIS does not permit us to revise numbers for the denominators shown on Form 11 for 2005 and 2006. Therefore, for 2005 and 2006, the single-year denominators used for our analyses of trends in population-based estimates often differ from those shown on Form 11.

Effective FY 2010, this State Outcome Measure is being discontinued.

**2. Section Number:** Form12\_State Outcome Measure 1

**Field Name:** SO1

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2009 Form 11 field note.

**Trends:**

For this analysis of trends, the numerator for 2008 has been adjusted as described in this indicator's year 2009 Form 11 field note. The single-year homicide/legal intervention death rate among 15-19 year-old Black males living in Alabama declined in 2001 and 2002, but then increased in 4 of the last 6 years of the surveillance period. Consecutive 3-year homicide/legal intervention death rates among this population were as follows: 44.0 deaths per 100,000 (68/154,663) in 2000-02, 47.4 deaths per 100,000 (73/154,017) in 2003-05, and 59.3 deaths per 100,000 (96/161,817) in 2006-08.

During the surveillance period (2000-2008), in this population, the homicide/legal intervention death rates for individual years ranged from 39.1 deaths per 100,000 in 2004 to 70.4 deaths per 100,000 in 2007. Rates for overlapping 3-year periods ranged from 44.0 deaths per 100,000 in 2000-02 to 59.5 deaths per 100,000 in 2005-07.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator increased (worsened) by 5.1% per year. Comparing 2006-08 to 2003-05, the indicator increased by 7.8% per year.

**Objectives:**

All objectives are retained from earlier years. Per TVIS guidance for this indicator, we have not revised existing objectives or added an objective for 2014.

**3. Section Number:** Form12\_State Outcome Measure 1

**Field Name:** SO1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The U.S. Census Bureau's population estimates for 15-19 year-old Black males are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 12 for this indicator are based on the population projections for those years, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths due to homicide or legal intervention among 15-19 year-old Alabama residential Black males per 100,000 persons in this population, are: for 2004, 39.2 (20/51,030); and for 2005, 49.9 (26/52,099).

**Trends:**

The surveillance period was from 2000-02 through 2005-07, using 6 overlapping rates for 3-year periods (2000-02, 2001-03, etc.). Among 15-19 year-old Black males living in Alabama, the homicide/legal intervention death rate per 100,000 persons increased by 35.5% overall: from 44.0 deaths per 100,000 (68/154,477) in 2000-02 to 59.6 deaths per 100,000 (95/159,319) in 2005-07. During the surveillance period, the 2000-02 rate was the lowest and the 2005-07 rate the highest. From the baseline rate for 2000-02, the rate increased in 4 of the 5 subsequent 3-year periods.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 0.5%: from the unrounded 2005-07 homicide/legal intervention death rate of 59.6 deaths per 100,000, which is considered a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the increase in the homicide/legal intervention death rate among Alabama 15-19 year-old Black males during the surveillance period, objectives for 2009 onward may be challenging, even though 3 of them exceed (are worse than) any of the single-year rates for 2000-2006. (From 2000-2006, single-year rates for State Outcome Measure #1 ranged from 39.2 deaths per 100,000 in 2004 to 58.1 deaths per 100,000 in 2006.) If the single-year homicide/legal intervention death rate in this population stabilizes at pre-2007 levels for 2 years, objectives will be revised.

**STATE OUTCOME MEASURE # 2 - REPORTING YEAR**

The ratio of the infant mortality rate for Alabama to the infant mortality rate for the United States (U.S.).

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective			1.3	1.3	1.3
Annual Indicator	1.4		1.5		
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	1.3	1.3			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_State Outcome Measure 2

**Field Name:** SO2

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Effective FY 2010, this State Outcome Measure is being discontinued.

- Section Number:** Form12\_State Outcome Measure 2

**Field Name:** SO2

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The numerator is the risk of infant death in Alabama, which was 10.10 deaths per 1,000 live births. The denominator is the year 2007 preliminary infant mortality rate for the U.S., 6.77 deaths per 1,000 live births.

Source for Alabama: Birth cohort linked files, residential live births, Alabama, 2007.

Reference for U.S.: Xu J, Kochanek KD, Tejada-Vera B. Deaths: Preliminary data for 2007. National vital statistics reports; vol 58 no 1. Hyattsville, MD: National Center for Health Statistics. 2009. (Table 4, page 22).



**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: AL**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

The State Parent Consultant and Local Parent Consultants provide ongoing input to the CRS State Plan, including current and future activities. They rated the agency on Form 13 characteristics, using a checklist format modified from a tool developed by the State of Wisconsin in December 2001. The compiled findings are attached to the "Current Activities" section of NPM #02. Please see this checklist as well as the narrative for NPM #02 for more details about family/professional partnerships and family involvement in the State CSHCN Program.

**FIELD LEVEL NOTES**

None



**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: AL FY: 2011**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to culturally competent care coordination services for children and youth with special health care needs (CYSHCN), including transition planning as appropriate.
2. Promote access to a medical home and to basic health care for children, youth, and women of childbearing age.
3. Promote positive youth development to reduce high risk behaviors in adolescents.
4. Reduce the prevalence of obesity among children, youth, and women of childbearing age.
5. Reduce the prevalence of violent behavior, including homicide and suicide, committed by or against children, youth, and women.
6. Reduce infant mortality, especially among African Americans.
7. Increase family and youth participation in CYSHCN policy-making through support services and education/training.
8. Promote access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources.
9. Promote access to a dental home and to preventive and restorative dental care for children, youth, and women of childbearing age.
10. Promote access to mental health services for children, youth, and women of childbearing age.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: AL

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Assistance to develop information/ strategies related to specific financing and health insurance options available in the State, especially for youth and young adults in transition and CYSHCN that have difficulty in obtaining coverage.	Coverage and consistency of health coverage can be difficult for some CSHCN, especially youth and young adults in transition.	Catalyst Center
2.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>4</u>	Guidance during implementation of health reform so staff can effectively guide families of CYSHCN in maximizing coverage opportunities and benefits.	Health reform implementation will occur in phases and will have significant impact on CYSHCN and their families.	Catalyst Center
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: AL**

SP(Reporting Year) # 1

**PERFORMANCE MEASURE:**

Of 0-9 year-old children enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received care coordination in the reporting year.

**STATUS:**

Active

**GOAL**

To increase the proportion of EPSDT-enrolled children who receive care coordination services through the Alabama Department of Public Health.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of EPSDT-enrolled children aged 0-9 years who received care coordination services from the Alabama Department of Public Health during the fiscal year.

**Denominator:**

Total number of EPSDT-enrolled children aged 0-9 years in the fiscal year, per the pertinent Alabama Title XIX report.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

Reports provided by the Alabama Department of Public Health and the Alabama Medicaid Agency.

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations—including low income, immigrant, and minority groups." EPSDT-enrolled children and their families may require assistance with accessing health and dental services. Public health social workers and nurses certified in care coordination are uniquely qualified to help children and families access services. These health professionals' provision of care coordination helps ensure that EPSDT-enrolled children are able to acquire and fully benefit from the health and dental services available to them under the Alabama Medicaid Agency's primary care case management program, Patient 1st.

SP(Reporting Year) # 2

**PERFORMANCE MEASURE:**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

**STATUS:**

Active

**GOAL**

To increase the proportion of Alabama EPSDT-eligible children and youth who receive any dental service in a 1-year period.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of EPSDT-enrolled individuals aged 0-20 years who received any dental service in the fiscal year, per the pertinent Alabama Title XIX report.

**Denominator:**

Total number of EPSDT-enrolled individuals aged 0-20 years in the fiscal year, per the pertinent Alabama Title XIX report.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-10: Increase the proportion of children and adults who use the oral health care system.

The 2010 baseline for U.S. children, adolescents, and young adults aged 2-19 years whose household income is under 200% of the federal poverty level is 20%. The national target is 56%.

**DATA SOURCES AND DATA ISSUES**

Data source is the "Alabama Title XIX Annual EPSDT Participation Report."

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups." Oral health care is an important, but often neglected, component of total health care. Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral disease and conditions. Experts recommend that children as young as age 1 year be examined for evidence of early childhood caries. Further, parents should be advised to avoid feeding practices that may lead to early development of caries, and should be counseled about appropriate use of fluoride and other preventive measures. Necessary tooth restorative care must be provided to avoid pain, abscesses, and the need for tooth extractions. Sealants should be placed shortly after the permanent molars erupt. The percentage of Alabama Medicaid-enrolled children who received dental care in the reporting year increased from 25.6% in fiscal year 2000 to 34.9% in fiscal year 2003. Nevertheless, in light of the Healthy People 2010 objective of 56%, continued efforts are warranted to increase the number of dental providers who serve Medicaid-enrolled children and the proportion of Medicaid-enrolled children who receive dental care at least annually.

**PERFORMANCE MEASURE:**

The pregnancy rate (per 1,000) for adolescents aged 15-17 years.

**STATUS:**

Active

**GOAL**

To lower the pregnancy rate among adolescents, especially those 17 years of age and younger.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of reported pregnancies—including live births, fetal deaths, and abortions—among females aged 15 through 17 years in the calendar year.

**Denominator:**

Number of females aged 15 through 17 years in the calendar year.

**Units:** 1000 **Text:** Rate**HEALTHY PEOPLE 2010 OBJECTIVE**

9-7: Reduce pregnancies among adolescent females.

The target specified in Healthy People 2010 is "43 pregnancies per 1,000." Healthy People specifies several subgroup-specific targets, including targets for African American, white, Hispanic, and other groups.

**DATA SOURCES AND DATA ISSUES**

Data sources for the numerator are Alabama vital statistics files for, respectively, live births, fetal deaths, and abortions. Data sources for the denominator are U.S. census data and population estimates provided by the University of Alabama's Center for Business and Economic Research.

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "further reduce the adolescent pregnancy rate." Adolescent pregnancy is of great concern in Alabama, as well as in the nation. Various socioeconomic disadvantages and suboptimal health outcomes, including infant mortality, have been linked with adolescent pregnancy. Though these links are not necessarily causal, some factors that predispose an adolescent to become pregnant may also place her infant at higher risk of death. Prevention of adolescent pregnancy is generally desirable, therefore, to allow the adolescent additional time to mature and avail herself of social and economic opportunities before assuming the responsibilities of motherhood. Moreover, even though links between adolescent pregnancy and adverse pregnancy outcomes should not be assumed to be causal, having an adolescent mother is an important indicator of infants who may be at greater risk of morbidity and mortality. Pregnancy among adolescents aged 17 years and younger is of particular concern. Though pregnancies in persons under 15 years of age are of tremendous concern, pregnancy rates are not stable in this group due to small numbers in the statistical sense. Therefore, this performance measure focuses on teens from 15 through 17 years of age, as does the corresponding Healthy People 2010 objective.



**PERFORMANCE MEASURE:**

The percentage of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation in the Youth Risk Behavior Survey (YRBS).

**STATUS:**

Active

**GOAL**

To reduce the prevalence of consumption of smokeless tobacco by white male adolescents.

**DEFINITION**

This measure will consist of the percentage reported from the Center for Disease Control and Prevention's (CDC's) annually conducted YRBS. The specific indicator, as reported on the YRBS website, is "Percentage of Students Who Used Chewing Tobacco or Snuff on One or More of the Past 30 Days." Though the website does not provide numerators and denominators, it does report 95% confidence intervals.

**Numerator:**

Not readily available.

**Denominator:**

Not readily available.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

27-2-c: Reduce the use of spit tobacco by adolescents (past month).  
The 2010 target for white males is 18%.

**DATA SOURCES AND DATA ISSUES**

The data source is the YRBS database, which can be queried on CDC's YRBS website: <http://apps.nccd.cdc.gov/YRBSS/>. This website can be queried for individual YRBS indicators. As well, queries can request stratification by race, sex, or race and sex concurrently. (Other types of stratification can also be requested.)

**SIGNIFICANCE**

This measure pertains to the State's priority maternal and child health need to "reduce the prevalence of high risk behaviors, including those predisposing to obesity, in adolescents." Tobacco use causes many serious health problems, and chewing tobacco and snuff are NOT safe alternatives to cigarettes or other forms of tobacco. Use of spit tobacco (including chewing tobacco and snuff) causes serious oral health problems, including cancer of the mouth and gum, periodontitis, and tooth loss (Healthy People 2010, citing 2 primary sources). According to the 2003 YRBS, 27.3% of Alabama white male high school students had used chewing tobacco or snuff in the 30 days preceding the survey. In addition to being higher than for any other Alabama subgroup defined by race and sex, this prevalence of having used smokeless tobacco was significantly higher than the corresponding prevalence for U.S. white males, of 13.2%.

**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program assures that all CYSHCN have adequate access to primary and specialty care and allied health and other related services.

**STATUS:**

Active

**GOAL**

To assure access to comprehensive primary/specialty care and allied health and other related services for Alabama's children and youth with special health care needs (CYSHCN).

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State's CYSHCN have access to primary/specialty care and allied health and other related services that are quality, comprehensive, family-centered, and culturally competent. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. See Section IV. D. SPM #05, "Last Year's Accomplishments" to view the scored checklist used for this measure.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 15 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

The State Children with Special Health Care Needs (CSHCN) Program.

**SIGNIFICANCE**

Providing CYSHCN with appropriate, high quality care that is comprehensive, family-centered, and culturally competent is crucial to the success of the child or youth across all aspects of life. One recurrent theme across family forums conducted for the Title V needs assessment related to family concerns of inadequate access to providers and a general feeling that providers did not understand the comprehensive medical, social, and developmental transition needs of their children. In addition, inadequate number and distribution of specialty and allied or other related health services ranked as 1 of the top 5 barriers to care statewide in analysis of a county-level survey of service providers. The State CSHCN program is uniquely qualified to increase awareness and provide education to providers related to the comprehensive needs of this population in training that includes the principles of family-centered care, cultural competence, and transition.

**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program collaborates with schools, advocacy groups, and families to enhance inclusive participation by CYSHCN in their schools and communities.

**STATUS:**

Active

**GOAL**

To increase collaboration with schools, advocacy groups, and families to promote participation of Alabama's children and youth with special health care needs (CYSHCN) in their schools and communities.

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program collaborates with schools, advocacy groups, and families to promote participation of Alabama's CYSHCN in their schools and communities. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. See Section IV. D. SPM #06, "Last Year's Accomplishments" to view the scored checklist used for this measure.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 15 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

The State CSHCN Program.

**SIGNIFICANCE**

A recurrent theme across family forums conducted for the current and previous Title V needs assessment related to family dissatisfaction with the educational system. Families of CYSHCN have experienced difficulty in advocating for the inclusion of appropriate adaptive and health-related services in the school environment to support the educational, vocational, recreational, and independent living goals for their children. In addition, families report a lack of understanding of educational rights and a general feeling that school staff and service providers did not understand the complex medical, social, developmental, and transition needs of their children. Title V CSHCN programs historically have experience working with a broad spectrum of public and private service providers and multiple funding streams to facilitate services for children, youth, and families and are, therefore, uniquely qualified to offer technical assistance, coordination, advocacy, and support to this population within the educational environment.

**PERFORMANCE MEASURE:**

The degree to which the Bureau of Family Health Services (Bureau) collects, analyzes, and disseminates findings from data pertinent to ongoing maternal and child health (MCH) needs assessment.

**STATUS:**

Active

**GOAL**

To conduct ongoing MCH needs assessment, and disseminate salient findings to stakeholders in a user-friendly manner.

**DEFINITION**

This measure is scored on a scale of 0-18, using a checklist attached to the discussion of "Last Year's Accomplishments" for this measure, located in Section IV.D. The checklist includes items pertaining to: 1) infant mortality review; 2) child death review; 3) analysis of the circa 2003 National Survey of Children's Health database; 4) biannual production of a strongly data-based report focusing on a particular MCH issue; 5) production of a reader-friendly statewide needs assessment report focusing on pregnancy and infancy; and 6) production of a reader-friendly statewide needs assessment report focusing on children and youth.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 18 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No precisely corresponding objective.

**DATA SOURCES AND DATA ISSUES**

Checklist developed by the Bureau, which includes each criterion mentioned in the definition. Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for the indicator is the sum of the scores for the 6 items.

**SIGNIFICANCE**

This performance measure pertains to the State's priority MCH need to "further develop the Title V Program's capacity to collect and analyze health-related data and translate findings into information for key stakeholders." The 3 core functions of public health are assessment, policy development, and assurance. These functions have been expanded into 10 essential public health services (reference: Healthy People 2010, which cites primary sources). Two of the essential public health services are especially pertinent to this performance measure: to 1) monitor health status to identify community health problems; and 2) inform, educate, and empower people about health issues. Accomplishment of the 2 preceding essential functions is necessary for the performance of 2 other essential functions: to 1) mobilize community partnerships to identify and solve health problems, and 2) develop policies and plans that support individual and community efforts. In the case of this performance measure, the targeted communities are the State and its 5 perinatal regions.

SO(Reporting Year) # <u>1</u>	
<b>OUTCOME MEASURE:</b>	The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years
<b>STATUS:</b>	Active
<b>GOAL</b>	To reduce the homicide/legal intervention death rate for African American males 15 to 19 years of age.
<b>DEFINITION</b>	<p><b>Numerator:</b> The number of 15 to 19 year old African American male deaths due to homicide or legal intervention</p> <p><b>Denominator:</b> The number of African American males 15-19 years of age</p> <p><b>Units:</b> 100000    <b>Text:</b> Rate</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	Data source for the numerator is the Alabama Center for Health Statistic's mortality database. Data source for the denominator is the Alabama State Data Center's (Center for Business and Economic Research , University of Alabama) annual population projections, as reported in ADPH's annual Vital Events publication.
<b>SIGNIFICANCE</b>	Homicide and legal intervention are collectively the leading cause of death among African American males aged 15 to 19 years. Consequently, a wide racial gap exists with respect to deaths due to homicide and legal intervention in this age group. Although the homicide/legal intervention death rate among African American males in this age group has been declining, further decline is needed.

**OUTCOME MEASURE:**

The ratio of the infant mortality rate for Alabama to the infant mortality rate for the United States (U.S.).

**STATUS:**

Active

**GOAL**

To reduce the disparity between the infant mortality rates for Alabama and the U.S. by reducing the infant mortality rate for Alabama residents of all races.

**DEFINITION**

The infant mortality rate for Alabama divided by the infant mortality rate for the U.S.

**Numerator:**

Numerator: The infant mortality rate for Alabama, per 1,000 live births.

**Denominator:**

Denominator: When available, the infant mortality rate for the U.S., per 1,000 live births. See "Data Sources and Data Issues" for fuller explanation.

**Units:** 1 **Text:** Ratio

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1: Reduce fetal and infant deaths.

**DATA SOURCES AND DATA ISSUES**

The data sources for Alabama's infant mortality rates are the final statistical death files and final statistical live birth files, which typically become available around August of the year following the year of death. For Alabama's infant mortality rate for a given year, the numerator counts Alabama residents who died in that year before reaching their first birthday, and the denominator counts live births to Alabama residents in that same year. Sources for U.S. infant mortality rates are publications by the National Center for Health Statistics (NCHS). Published final infant mortality numbers for the U.S. typically become available later than the final statistical death files for Alabama do. Further, per the source for the U.S. 2005 provisional infant death rate, numbers are based on events occurring in the U.S., regardless of place of residence, implying that non-resident decedents could be counted. The NCHS National Vital Statistics Reports series is used for U.S. rates.

**SIGNIFICANCE**

Infant mortality is 1 indicator of a society's well-being. Since the 1940s, the earliest decade for which readily available publications track the disparity, Alabama's infant mortality rate has been notably higher than that for the U.S. In 2004, for example, the infant mortality rate for Alabama was 8.72 deaths per 1,000 live births, while that for the U.S. was 6.79 deaths per 1,000 live births. Geographic comparison (Alabama versus U.S.) of racial distribution of live births, socioeconomic factors, the prevalence of very low birth weight, and race-specific infant, neonatal, and postneonatal mortality rates contributes to better understanding of the infant mortality gap between Alabama and the U.S. These factors are discussed in a background paper for State Performance Measure #2, which is attached to Section II.C of this application/report.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: AL**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	83.7	79.9	62.2	53.8	48.8
<b>Numerator</b>	2,562	2,437	1,906	1,669	1,514
<b>Denominator</b>	306,124	305,126	306,432	310,504	310,504

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

Alabama does not have a statewide hospital discharge data base, so numerators are obtained by summing numbers provided by Blue Cross and Blue Shield of Alabama (BCBS) and by the Alabama Medicaid Agency. Numerators therefore represent the number of hospital discharges of 0-4 year-old children, where the child was insured by either BCBS or Medicaid.

Several years ago, review of numbers for 2002-2004 revealed that the total reported number of BCBS and Medicaid enrollees in this age group exceeded the projected population for this age group. Therefore, the denominators are population projections or population estimates for the 0-4 year-old population, rather than the total number of Medicaid and BCBS enrollees.

Failure to capture children who are uninsured or are insured by other entities in the numerator leads to undercounting the number of asthma-related hospital discharges in this age group. Along with the use of population-based denominators, this undercounting leads to underestimating the asthma hospitalization rate. However, in the absence of a hospital discharge database and the potential for over counting Medicaid-enrolled and/or BCBS-enrolled children, estimates for this indicator are based on the best numerators and denominators available to the Bureau of Family Health Services (FHS).

Population estimates derived from a U.S. Census Bureau spreadsheet are shown as denominators for 2006 onward. However, the estimate for 2008 is used as the best estimate for 2009, since the estimated 0-4 year-old population is not readily available to FHS currently. (The year 2005 denominator shown on Form 11 is a population projection.)

Because we are now using updated population estimates and, for 2006, an updated count of hospitalizations of Medicaid-enrollees, numbers shown on Form 11 notes for 2005 and 2006 do not match our current best estimates. (The web-based Title V Information System [TVIS] does not allow us to directly change numbers for 2005 or 2006.) Our current best estimates for the rates shown on Form 11 for 2005 and 2006 are as follows: 85.3 hospitalizations per 10,000 in 2005 (2,562/300,239), and 62.6 hospitalizations per 10,000 in 2006 (1,893/302,295).

In FY 2009, communications with Medicaid staff and BCBS staff indicated that each had experienced changes in their data systems. Due to these changes, we are not confident that the estimated hospitalization rates for later years are comparable to years through 2005 or perhaps 2006.

Trends:

Our best estimates for recent years are as follows: 62.6 per 10,000 in 2006, 62.2 per 10,000 in 2007, 53.8 per 10,000 in 2008, and 48.8 per 10,000 in 2009.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

See year 2009 note.

The number of hospitalizations in 2008 were provided by BCBS and Medicaid in April 2010.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

See year 2009 note.

Updated numbers for the number of Medicaid-funded hospitalizations in 2006 and 2007 were provided by Medicaid in April 2010. These numbers were updated in order to assure comparability of the Medicaid component of this indicator from 2006-2009, since changes in the Medicaid data system had occurred in FY 2009. However, as detailed

in this indicator's year 2009 Form 17 note, TVIS does not allow us to revise Form 17 numbers for 2006.



**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>128.7</u>	<u>93.4</u>	<u>96.1</u>	<u>96.1</u>	<u>62.4</u>
<b>Numerator</b>	<u>48,965</u>	<u>140,863</u>	<u>148,966</u>	<u>148,966</u>	<u>101,456</u>
<b>Denominator</b>	<u>38,033</u>	<u>150,811</u>	<u>155,006</u>	<u>155,006</u>	<u>162,501</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

Estimates are for fiscal years (FYs).

See year 2008 field note concerning methods.

Trends:

As shown, the estimated percent of Medicaid-enrolled infants dropped markedly in FY 2009 relative to FYs 2006-2008. Technically speaking, this occurred because the numerator (total screens received) dropped markedly, while the denominator (expected number of screenings) increased. This is presumably due to the change in reporting procedures, which is discussed in this indicator's year 2008 Form 17 field note. Due to competing priorities, Family Health Services has not been able to recalculate this indicator to provide an estimate that is comparable to that for FY 2007, which is also used as our best estimate for FY 2008.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

Numbers shown for 2005 are based on a previously used but flawed method. Though the reference for the previous method was an Alabama Medicaid Agency (Medicaid) EPSDT participation report, the line items (numerator and denominator) used from this report yielded a percentage over 100%, because of changes in eligibility during the reporting year. We have found a better way to make estimates for years through 2007 (see below), but the Title V Information System does not allow us to directly change numbers for 2005.

Per consultation with Medicaid staff, a better method of estimating this indicator for years through 2007 was identified. The source for those years continues to be Medicaid's EPSDT participation report for Alabama, now entitled "Form CMS-416: Annual EPSDT Participation Report" (the "416 Report"). However, the numerator is now the "Total Screens Received" (item 6 of the report), and the denominator is "Expected Number of Screenings" (item 5). Further, the percent yielded by the new method corresponds to the "Screening Ratio" (item 7) shown on Medicaid EPSDT participation reports. For example, in FY 2007 the screening ratio for Medicaid enrollees under 1 year of age was 0.961, which corresponds to the estimate of 96.1% that is shown above for 2007.

However, beginning with the report for 2008, Medicaid changed their interpretations of the provisions of the CMS-416 specifications. Specifically, in previous years Medicaid had counted screenings based on the age of the recipient on the date of service. However, when implementing a new data system in February 2008, Medicaid changed the methodology for counting screenings to the age that the recipient would be on September 30 (the last day) of the reporting year—regardless of the age on the date of service. Due to this change, in the 416 Report for FY 2008, many infants who are screened before their first birthday are shifted upward, into the 1-2 year-old category. For example, a baby born on September 30, 2007 and screened on November 30, 2007 (at 2 months of age) is counted as being from 1-2 years of age, because he or she would become 1 year of age on September 30, 2008. A concurrent shift does not occur in the denominator (item 5 of the 416 report). For this reason, we are using the numbers reported for FY 2007 as our best estimates for FY 2008. Medicaid subsequently provided us with detailed, complex instructions that might enable us to recalculate this indicator for 2008 in a manner that is consistent with methods previously used by Medicaid, and we will seek to do so by 2010.

Trends:

Based on items 5 and 6 of the Medicaid EPSDT participation reports through FY 2007, the estimated percentage of Medicaid infants who received a periodic screen was 90.1% in 2003, increased to 92.4% in 2004 and to 94.2% in 2005, declined slightly to 93.4% in 2006, and increased again to 96.1% in 2007.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

See year 2008 field note concerning methods.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>94.3</u>	<u>96.7</u>	<u>94.7</u>	<u>95.2</u>	<u>95.8</u>
<b>Numerator</b>	<u>82</u>	<u>208</u>	<u>213</u>	<u>256</u>	<u>298</u>
<b>Denominator</b>	<u>87</u>	<u>215</u>	<u>225</u>	<u>269</u>	<u>311</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

The source document for the 2009 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2009."

For all years shown, the surrogate used for this measure (from the above report and corresponding reports for preceding years) is entitled "Well Child Visits in the First 15 Months of Life." The numerator is the number of members who had received 1 or more well-child visits with a primary care provider during their first 15 months of life. The denominator is the number of CHIP enrollees in the appropriate age group.

Status and Trends:

From 2005-2009, this indicator ranged from 94.3% in 2005 to 96.7% in 2006, with a median of 95.2% n 2008. In 2009, 95.8% of CHIP enrollees in the appropriate age group made a well child visit to a primary provider in the first 15 months of life.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The source document for the 2008 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2008."

**3. Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The source document for the 2007 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2007."

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>78.6</u>	<u>76.4</u>	<u>74.0</u>	<u>74.0</u>	<u></u>
<b>Numerator</b>	<u>47,182</u>	<u>47,893</u>	<u>46,478</u>	<u>46,085</u>	<u></u>
<b>Denominator</b>	<u>60,065</u>	<u>62,686</u>	<u>62,824</u>	<u>62,266</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

All estimates pertain to calendar years.

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010. Otherwise, this estimate will be provided by July 2011.

This paragraph pertains to HSCIs #4 and #5: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occur outside of the State have apparently been underreported to the Alabama Department of Public Health (ADPH) in recent years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends. In an effort to account for these issues, for years 2007 and 2008, the numbers shown on Form 17 are based on occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents. However, because TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numbers shown on Form 11 for those years include out-of-state, as well as in-state, births to Alabama residents.

**Trends:**

When looking at occurrent, residential births only, from 2000-2008, this indicator ranged from 74.0% in 2007 and 2008 to 78.9% in 2003, with a median of 77.4% in 2001. This indicator declined (worsened) at least slightly each year from 2004-2007, and then remained at the 2007 level in 2008. In 2008, for 74.0 percent of occurrent deliveries to 15-44 year-old Alabama residents, 74.0 percent of the mothers had received adequate or more than adequate prenatal care.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues and Trends:

See this indicator's year 2009 Form 17 note.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Issues:

Due to staffing changes and, presumably, slight changes in the programming for estimating the Kotelchuck Index, the current estimates for 2004 and 2005 differ slightly from those shown above. However, TVIS does not allow us to directly revise estimates for those years. Per updated estimates, of live births to 15-44 year-old Alabama residents, the percentage for whom the observed to expected prenatal visits was greater than or equal to 80% per the Kotelchuck Index was as follows: 77.6% (45,771/58,956) in 2004 and 77.6% (46,599/60,065) in 2005.

**Trends:**

Overall, comparing 3-year periods, this indicator declined by 1.4%: from 77.0% (139,880/181,645) in 2000-02 to 75.9% (141,810/186,745) in 2005-07. With respect to individual years, from a baseline of 76.1% in 2000, the indicator increased slightly 3 years successively, bringing it to 78.5% in 2003. However, the indicator then declined to 77.6% in 2004, where it remained in 2005. It then declined 2 successive years and was 73.9% in 2007. That is, for Alabama residential live births in 2007 to 15-44 year-old mothers, 73.9% of infants were born to mothers who had received adequate or adequate plus prenatal care per the Kotelchuck Index.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>88.9</u>	<u>88.5</u>	<u>89.6</u>	<u>91.1</u>	<u>93.0</u>
<b>Numerator</b>	<u>417,705</u>	<u>442,295</u>	<u>413,797</u>	<u>419,912</u>	<u>456,378</u>
<b>Denominator</b>	<u>469,972</u>	<u>499,796</u>	<u>462,044</u>	<u>460,708</u>	<u>490,575</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

All estimates are for fiscal years.

The numerator and denominator were provided by the Alabama Medicaid Agency (Medicaid) on April 12, 2010, based on that agency's query of their data system.

Trends:

Trends from 2003-2008 are discussed in this indicator's year 2008 Form 17 field note. The indicator increased in 2009, bringing it to its highest single-year level (93.0%) during the total surveillance period (2003-2009).

At 490,575, the number enrolled in 2009 was the second-highest enrollment number during the surveillance period, when this number ranged from 449,906 in 2003 to 499,796 in 2006.

At 456,378, the number of Medicaid-eligible children who received a Medicaid-paid service in 2009 was the highest during the surveillance period. (The lowest number of such children during the surveillance period was 386,624, in 2003.)

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

The numerator and denominator were provided by Medicaid on April 3, 2009, based on that agency's query of their data system.

Trends:

Assuming comparable methods (see field note for 2007), from a baseline of 85.9% in 2003, this indicator increased slightly in all years except 2006. Comparing 3-year periods, the indicator increased by 2.7% overall: from 87.3% (1,207,707/1,383,104) in 2003-05 to 89.7% (1,276,004/1,422,548) in 2006-08. The number of enrollees again declined in FY 2008, though not as strikingly as in 2007.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Issues:

The numerator and denominator were provided by Medicaid, based on that agency's query of their data system, on April 15, 2008. The numerator and denominator are notably less than those reported for 2006, but the percentage is about the same as that reported for 2006. For 2 reasons, we cannot determine whether the methods used for the 2006 and 2007 numbers were precisely comparable: A log documenting how the query was made is not available, and staff turnover has occurred. That is, the Alabama Department of Public Health (ADPH) staff member who made the request for 2006 and the Medicaid staff member who provided the requested numbers for that year are no longer with their respective agencies. However, documentation available for ADPH's corresponding request for 2006 and Medicaid's reply for 2006 were reviewed, and each agency sought to duplicate the methods used for the 2006 estimate.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	51.4	53.0	65.3	58.8	61.9
<b>Numerator</b>	49,619	52,976	64,652	57,679	64,634
<b>Denominator</b>	96,606	99,995	99,022	98,055	104,465

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

All estimates are for fiscal years.

The source document is "Form CMS-416: Annual EPSDT Participation Report" for FY 2009, which was provided by the Alabama Medicaid Agency. The numerator is "Total Eligibles Receiving Any Dental Services" (line 12a of the report), and the denominator is "Total individuals eligible for EPSDT" (line 1 of the report).

Trends:

Trends from 2003-2008 are discussed in this indicator's year 2008 Form 17 field note. The indicator increased in 2009, bringing it to its second-highest single-year level (61.9%) during the total surveillance period (2003-2009). The highest level was 65.3%, in 2007.

At 104,465, the number of EPSDT-eligible 6-9 year-old children in 2009 was the highest number of such children during the surveillance period, (The lowest such number was 91,279, in 2003.)

At 64,634, the number of EPSDT-eligible children who received a Medicaid-paid dental service in 2009 was the second-highest during the surveillance period. The highest such number was 64,652, in 2007.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

The source document is "Form CMS-416: Annual EPSDT Participation Report" for FY 2008, which was provided by the Alabama Medicaid Agency. The numerator is "Total Eligibles Receiving Any Dental Services" (line 12a of the report), and the denominator is "Total individuals eligible for EPSDT" (line 1 of the report).

Trends:

From a baseline of 46.5% in 2003, this indicator increased each year through 2007, when it was notably higher than in previous years during the surveillance period. It then declined to 58.8% in 2008. Though this indicator was lower in 2008 than in 2007, the 2008 estimate was at the second-highest level for the surveillance period. Comparing 3-year periods, the percent of EPSDT-eligible children in this age group who received any dental service increased by 19.8%: from 49.3% (139,253/282,634) in 2003-05 to 59.0% (175,307/297,072) in 2006-08.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The source document is: Alabama Title XIX Annual EPSDT Participation Report, FY 2007.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		<b>Annual Indicator Data</b>				
		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>		15.1	13.6	14.5	14.7	14.4
<b>Numerator</b>		3,591	3,298	3,533	3,651	3,675
<b>Denominator</b>		23,845	24,186	24,442	24,772	25,539
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b>						
(Explain data in a year note. See Guidance, Appendix IX.)						
<b>Is the Data Provisional or Final?</b>					Final	Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2009**Field Note:**

The denominator was provided to each state by the Social Security Administration (SSA) for fiscal year (FY) 2009. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered Supplemental Security Income (SSI) payments as of December 2009. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between Children's Rehabilitation Service (CRS) and the Alabama Medicaid Agency (Alabama Medicaid).

**2. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2008**Field Note:**

The denominator was provided to each state by the SSA for FY 2008. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2008. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between CRS and Alabama Medicaid.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

The denominator was provided to each state by the SSA for FY 2007. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2007. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between CRS and Alabama Medicaid.



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: AL**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2008	Payment source from birth certificate	<u>11.9</u>	<u>9.4</u>	<u>10.6</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>10.8</u>	<u>8.3</u>	<u>9.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>68.9</u>	<u>88</u>	<u>78.5</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>66.1</u>	<u>81.8</u>	<u>74</u>



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: AL**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">133</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">133</div> <div style="text-align: right;">100</div> <div style="text-align: right;"></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">133</div>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: AL**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div> ) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> )	2009	<div style="text-align: right;">200</div> <div style="text-align: right;">200</div> <div style="text-align: right;"></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">200</div>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Medicaid covers infants whose household income is at or below 133% of the federal poverty level (FPL).
- 2. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Medicaid has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive. For 0-5 year-olds, the upper parameter for Medicaid is 133% of the FPL. For 6-18 year-olds, the upper parameter for Medicaid is 100% of FPL.
- 3. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
For pregnant women, the upper parameter for Medicaid eligibility is 133% of the FPL.
- 4. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
In FY 2009, Alabama's Children's Health Insurance Program (CHIP) covered infants whose household income was greater than 133% of the federal poverty level (FPL), but did not exceed 200% of FPL.

However, effective October 1, 2009, the upper income criterion for enrollment in Alabama's CHIP increased, with 300% of the FPL now being the maximum allowable household income.
- 5. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Alabama's CHIP has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive.

In FY 2009, for 0-5 year-olds, Alabama's CHIP eligibility specified a household income greater than 133% of FPL, but not to exceed 200% of FPL. For 6-18 year-olds, Alabama's CHIP eligibility specified a household income greater than 100% of FPL, but not to exceed 200% of FPL.

However, effective October 1, 2009, the upper income criterion for enrollment in Alabama's CHIP increased, with 300% of the FPL now being the maximum allowable household income.
- 6. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
In FY 2009, Alabama's CHIP covered pregnant females only if they were less than 19 years of age and already eligible for ALL Kids (Alabama's CHIP), with household incomes exceeding the Medicaid criterion but not exceeding 200% of the FPL.

However, effective October 1, 2009, the upper income criterion for enrollment in Alabama's CHIP increased, with 300% of the FPL now being the maximum allowable household income. Alabama's CHIP continues to cover pregnant females only if they are less than 19 years of age and already eligible for ALL Kids.
- 7. Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data Issues:  
Estimates are for calendar year (CY) 2008 and pertain to Alabama occurrent, residential live births. Here, "Medicaid infants" pertains to those whose delivery was paid for by Medicaid, and "non-Medicaid infants" to remaining infants. As detailed in the narrative, the "non-Medicaid" group includes a typically high-risk sub-group: infants of "self paying" mothers. Therefore, the low birth weight gap between babies whose deliveries were paid for by Medicaid and babies whose deliveries were privately insured is probably wider than the gap reported for Health Systems Capacity Indicator (HSCI) #5A.

For reasons explained in the year 2009 Form 17 note to HSCI #4, the estimates shown for HSCI #5A are for occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in very low birth weight, according to source of payment and other issues. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report.
- 8. Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Data Issues:  
The denominator is from the CY 2008 Alabama residential live birth file, which is selected according to the residence of the mother. The numerator is from the CY 2008

Alabama residential infant death cohort file, which is selected according to the residence of the decedent.

See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the infant mortality gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI #5B.

**9. Section Number:** Form18\_Indicator 05

**Field Name:** CareFirstTrimester

**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

**Column Name:**

**Year:** 2011

**Field Note:**

Data Issues:

Estimates are for calendar year 2008 and pertain to Alabama occurrent, residential live births.

See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the prenatal-care gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI #5C.

For reasons explained in the year 2009 Form 17 note to HSCI #4, the estimates shown for HSCI #5C are for occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in one indicator of prenatal care: the percentage of infants whose mother had received inadequate prenatal care as measured by the Kotelchuck Index. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report. As well, selected findings are summarized in the narrative for HSCI #5D.

**10. Section Number:** Form18\_Indicator 05

**Field Name:** AdequateCare

**Row Name:** Percent of pregnant women with adequate prenatal care

**Column Name:**

**Year:** 2011

**Field Note:**

Data Issues:

Estimates are for CY 2008 and pertain to Alabama occurrent, residential live births to 15-44 year-old females. This age group was chosen because, several years ago, Title V Information Reporting System staff stated that the percentage reported for "All" in HSCI #5D should match that for the corresponding year for HSCI #4, which pertains to babies born to 15-44 year-old females.

See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the prenatal-care gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI #5D.

For reasons explained in the year 2009 Form 17 note to HSCI #4, the estimates shown for HSCI #5D are for occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Rather than updating previous analyses of trends in this indicator, we have focused on analyzing trends in one indicator of prenatal care: the percentage of infants whose mother had received inadequate prenatal care as measured by the Kotelchuck Index. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report. As well, selected findings are summarized in the narrative for HSCI #5D.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AL**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

\*Where:

- 1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AL**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: AL**

**Form Level Notes for Form 20**

Health Status Indicators (HSIs) #4A, #4B, and #4C: Alabama does not have a database from which to directly estimate the number of nonfatal injuries. In order to meet federal reporting requirements, Bureau of Family Health Services (FHS) staff estimated the numerator for each of these indicators by multiplying a factor times the numerator for the corresponding mortality indicator (HSI #3A, #3B, or #3C). This factor is based on Kentucky's experience: that is, Kentucky's numbers for HSIs #3A-3C and #4A-4C, as reported in Kentucky's online Maternal and Child Health Services Block Grant 2003 Annual Report/2005 Application (as it appeared circa May 2005). Kentucky was chosen from several potential states because, compared to the other states under consideration, Kentucky is geographically closer to Alabama. As well, Kentucky's 2003 estimate for HSI #3A was closer to Alabama's 2003 estimate than estimates from the other states under consideration were. Therefore, the assumption underlying our estimated numbers of nonfatal injuries (HSIs #4A, #4B, and #4C) in Alabama is this: that Alabama's ratio of the number of nonfatal injuries to the corresponding number of fatal injuries (HSIs #3A, #3B, or #3C) is the same as Kentucky's ratio over a combined 3-year period, 2000-2002. Other than meeting federal reporting requirements, the only purpose served by the reported estimates for HSIs #4A, #4B, and #4C is to provide a rough, conjectural estimate of the actual number of individual Alabama residents in the specified age group who experienced the specified type of nonfatal injury.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	10.7	10.5	10.4	10.6	
<b>Numerator</b>	6,428	6,616	6,578	6,631	
<b>Denominator</b>	60,262	62,915	63,005	62,466	

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

All estimates are for calendar years. For reasons discussed below, year 2007 and 2008 numbers shown on Form 20 for HSI #1A pertain to Alabama occurrent, residential live births. Because the web-based TVIS does not allow us to directly revise Form 20 numbers for 2006 and earlier years, numbers shown for those years pertain to all Alabama residential live births.

This paragraph pertains to Health Status Indicators (HSIs) #1A, #1B, #2A, and #2B: for which both the numerators and denominators come from statistical live birth files. Births to Alabama residents that occur outside of the State have apparently been underreported to the Alabama Department of Public Health (ADPH) in recent years. Further, key information was missing for many of the year 2008 births reported to ADPH by a neighboring state. Though the numbers of affected births may be small, failure to account for the out-of-state reporting issues may appreciably distort analyses of trends. In an effort to account for these issues, for the years 2007 and 2008, the numbers shown on Form 20 are based on occurrent events only. That is, we counted only births that occurred in Alabama to Alabama residents.

Trends:

Rather than updating the previous analysis of trends in this indicator, we have focused on analyzing trends in very low birth weight (VLBW) among singleton births: according to race, ethnicity, and source of payment. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report. As well, trends in VLBW for the total population of occurrent, residential singleton live births are summarized in the Form 20 year 2008 field note for HSI #2B.

**3. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Trends:

The following analysis of trends is based on all Alabama residential live births, rather than on occurrent, residential live births. Therefore, the numbers reported below for 2005-07 do not precisely coincide with the numbers shown on Form 20 for 2007, since the Form 20 year 2007 numbers have been updated and pertain only to occurrent, residential live births.

From a baseline of 9.7% in 2000, this indicator declined slightly to 9.6% in 2001 but then increased 4 years in a row: to reach 10.7% in 2005. It then declined in 2 successive years: so that, in 2007, 10.4% of infants born alive to Alabama residents weighed less than 2,500 grams. Comparing 3-year periods, the indicator increased by 7.8% overall:



from 9.8% (17,813/182,328) in 2000-02 to 10.5% (19,739/187,357) in 2005-07.

The narrative for HSI #2A mentions several issues to be considered when interpreting reported trends in very low birth weight (VLBW). These potential explanations, which include but are not limited to reporting issues, apply to reported trends in low birth weight (less than 2,500 grams), as well as VLBW.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>8.7</u>	<u>8.5</u>	<u>8.6</u>	<u>8.7</u>	<u>          </u>
<b>Numerator</b>	<u>5,035</u>	<u>5,176</u>	<u>5,206</u>	<u>5,247</u>	<u>          </u>
<b>Denominator</b>	<u>58,180</u>	<u>60,638</u>	<u>60,859</u>	<u>60,327</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B

**Field Name:** HSI01B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #01B

**Field Name:** HSI01B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

All estimates are for calendar years. For reasons discussed in the Form 20 year 2008 note to Health Status Indicator (HSI) #1A, year 2007 and 2008 numbers shown on Form 20 for HSI #1B pertain to Alabama occurrent, residential singleton live births. Because the web-based TVIS does not allow us to directly revise Form 20 numbers for 2006 and earlier years, numbers shown for those years pertain to all Alabama residential singleton live births.

Trends:

Rather than updating the previous analysis of trends in this indicator, we have focused on analyzing trends in very low birth weight (VLBW) among singleton births: according to race, ethnicity, and source of payment. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report. As well, trends in VLBW for the total population of occurrent, residential singleton live births are summarized in the Form 20 year 2008 field note for HSI #2B.

**3. Section Number:** Form20\_Health Status Indicator #01B

**Field Name:** HSI01B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Trends:

The following analysis of trends is based on all residential singleton live births, rather than on occurrent, residential singleton live births. Therefore, the numbers reported below for 2005-07 do not precisely coincide with the numbers shown on Form 20 for 2007, since the Form 20 year 2007 numbers have been updated and pertain only to occurrent, residential singleton live births.

From a baseline of 7.9% in 2000, this indicator declined slightly to 7.8% in 2001 but then increased 4 years in a row: to reach 8.7% in 2005. In 2007, 8.6% of singleton infants born alive to Alabama residents weighed less than 2,500 grams. Comparing 3-year periods, the indicator increased by 8.9% overall: from 7.9% (13,884/176,154) in 2000-02 to 8.6% (15,517/180,819) in 2005-07.

The narrative for HSI #2A mentions several issues to be considered when interpreting reported trends in VLBW. These potential explanations, which include but are not limited to reporting issues, apply to low birth weight (less than 2,500 grams), as well as to VLBW. By focusing on singleton births, HSI #1B removes the effect of potential changes in the occurrence of multiple births. However, as discussed above, the reported prevalence of low birth weight has increased somewhat among singleton live births, as well as among the total population of live births.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
		2005	2006	2007	2008	2009
Annual Indicator		2.1	2.0	2.1	2.1	
Numerator		1,291	1,273	1,324	1,309	
Denominator		60,262	62,915	63,005	62,466	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Provisional	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

All estimates are for calendar years. For reasons discussed in the Form 20 year 2008 note to Health Status Indicator (HSI) #1A, year 2007 and 2008 numbers shown on Form 20 for HSI #2A pertain to Alabama occurrent, residential live births. Because the web-based TVIS does not allow us to directly revise Form 20 numbers for 2006 and earlier years, numbers shown for those years pertain to all Alabama residential live births.

Trends:

Rather than updating the previous analysis of trends in this indicator, we have focused on analyzing trends in very low birth weight (VLBW) among singleton births: according to race, ethnicity, and source of payment. Findings from these analyses are detailed in the 2009-10 Needs Assessment Report. As well, trends in VLBW for the total population of occurrent, residential singleton live births are summarized in the Form 20 year 2008 field note for HSI #2B.

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Trends:

The following analysis of trends is based on all Alabama residential live births, rather than on occurrent, residential live births. Therefore, the numbers reported below for 2005-07 do not precisely coincide with the numbers shown on Form 20 for 2007, since the Form 20 year 2007 numbers have been updated and pertain only to occurrent, residential live births.

During the surveillance period (2000-2007), this indicator ranged from 1.97% in 2001 to 2.14% in 2005. Though the indicator did not show a consistent directional change from year to year, comparison of 3-year periods shows an overall increase. That is, comparing 3-year periods, the indicator increased by 3.0% overall: from 2.03% (3,697/182,328) in 2000-02 to 2.09% (3,912/187,357) in 2005-07. In 2007, 2.10% of Alabama residential live births weighed less than 1,500 grams.

The narrative for this health status indicator mentions several hypothetical issues, which include but are not limited to reporting issues, to be considered when interpreting reported trends in very low birth weight.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>1.7</u>	<u>1.6</u>	<u>1.6</u>	<u>1.7</u>	<u></u>
<b>Numerator</b>	<u>971</u>	<u>987</u>	<u>1,001</u>	<u>1,000</u>	<u></u>
<b>Denominator</b>	<u>58,180</u>	<u>60,638</u>	<u>60,859</u>	<u>60,327</u>	<u></u>
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data Issues:

Due to the time required to receive records and edit data, final vital statistics files for 2009 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2009 estimate is not provided. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

All estimates are for calendar years. For reasons discussed in the Form 20 year 2008 note to Health Status Indicator (HSI) #1A, year 2007 and 2008 numbers shown on Form 20 for HSI #2B pertain to Alabama occurrent, residential singleton live births. Because the web-based TVIS does not allow us to directly revise Form 20 numbers for 2006 and earlier years, numbers shown for those years pertain to all Alabama residential singleton live births.

Trends:

The study population for this analysis of trends is singleton live births that occurred in Alabama to Alabama residents, during the years 2000-2008. Among this population, the proportion of infants who were very low birth weight (VLBW, or less than 1,500 grams) in consecutive 3-year periods was as follows: 1.55% (2,660/171,374) in 2000-02, 1.60% (2,676/167,161) in 2003-05, and 1.63% (2,940/180,033) in 2006-08.

For single years during the surveillance period, the proportion of singleton infants who were VLBW ranged from 1.47% (837/56,778) in 2001 to 1.67% (942/56,273) in 2005, with a median of 1.60% in 2000 and 2006.

Statistical significance of trends in single-year percentages (over 9 years) and in 3-year percentages (over the entire 9 years and, as well, comparing 2006-08 to 2000-02 and 2006-08 to 2003-05) was assessed via Cochran-Mantel-Haenszel statistics, using SAS(TM). At the 0.05 level of significance, the trend in single-year percentages was significant ( $p = 0.033$ ). However, trends in 3-year percentages were not significant: whether including all three 3-year percentages over the 9-year period ( $p = 0.056$ ), comparing 2006-08 to 2000-02 ( $p = 0.056$ ), or comparing 2006-08 to 2003-05 ( $p = 0.453$ ).

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Trends:

The following analysis of trends is based on all residential singleton live births, rather than on occurrent, residential singleton live births. Therefore, the numbers reported below for 2005-07 do not precisely coincide with the numbers shown on Form 20 for 2007, since the Form 20 year 2007 numbers have been updated and pertain only to occurrent, residential live singleton births.

During the surveillance period (2000-2007), this indicator ranged from 1.50% in 2001 to 1.67% in 2005. Though the indicator did not show a consistent directional change from year to year, comparison of 3-year periods shows an overall increase. That is, comparing 3-year periods, the indicator increased by 4.9% overall: from 1.57% (2,767/176,154) in 2000-02 to 1.65% (2,980/180,819) in 2005-07. In 2007, 1.65% of Alabama residential live singleton births weighed less than 1,500 grams.

The narrative for HSI #2A mentions several issues to be considered when interpreting reported trends in VLBW (births weighing less than 1,500 grams). These potential explanations include but are not limited to reporting issues. By focusing on singleton births, HSI #2B removes the effect of potential changes in the occurrence of multiple births. However, as discussed above, the reported prevalence of VLBW has increased slightly among singleton live births, as well as among the total population of live births. (Trends in VLBW among all live births are discussed in the year 2007 Form11 note for HSI #2A.)

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>				
		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	13.9	13.6	11.7	11.1		
<b>Numerator</b>	130	125	108	103		
<b>Denominator</b>	936,034	922,002	922,825	925,961		

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

This paragraph concerns numerators for Health Status Indicators (HSIs) #3A, #3B, and #3C. Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health in recent years. This out-of-state reporting issue may cause slight underestimation of mortality rates for the years 2006, 2007, and 2008. Though slight, such underestimation could lead to appreciable distortion of trends in mortality rates. Therefore, for HSIs #3A, #3B, and #3C, we have adjusted the number of deaths for 2006, 2007, and 2008 by: 1) computing the mean annual number of applicable deaths that occurred out of state for 2 time periods (2000-2005 and 2006-08); 2) subtracting the mean for the later period from that for the earlier period; and 3) for 2006, 2007, and 2008, adding the difference to the number of deaths shown in Alabama's statistical death files. In the case of HSI #3A, the difference in means was 2.67 deaths per year. Since the difference was a fraction, we added 2 deaths for 2006, 3 deaths for 2007, and 3 deaths for 2008. Because the web-based TVIS does not permit us to directly revise numbers shown for 2005 and 2006, the numerators shown on Form 20 for those years for HSIs #3A, #3B, and #3C do not reflect the adjustment. Also, for these measures, the adjusted numerators shown for 2007 and 2008 do not match corresponding numbers that may have been or may soon be published in annual publications of Alabama vital statistics.

This paragraph concerns denominators for HSIs #3A, #3B, #3C, #4A, #4B, #4C, #5A, and #5B. When analyzing trends in these measures, we used the U.S. Census Bureau's population estimates for denominators. These estimates are derived from a detailed, state-level spreadsheet released in May 2009: "SC-EST2008-alldata6: Annual State Resident Population Estimates for 6 Race Groups by Age, Sex, and Hispanic Origin: April 1, 2000 to July 1, 2008." In their annual releases, the Census Bureau often revises previous estimates, but TVIS does not permit us to revise numbers for the denominators shown on Form 20 for 2005 and 2006. Therefore, for 2005 and 2006, the single-year denominators used for our analyses of trends in population-based estimates often differ from those shown on Form 20.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in this indicator's year 2009 Form 20 field note.

**Trends:**

For this analysis of trends, numerators for years 2006, 2007, and 2008 have been adjusted as described in this indicator's year 2009 Form 20 field note. The surveillance period is 2000-2008. Among 0-14 year-old Alabama residents, the single-year death rate due to unintentional injuries showed no consistent trend early in the surveillance period, but then declined in each of the last 3 years. Consecutive 3-year unintentional injury death rates in this population were: 14.7 deaths per 100,000 (408/2,778,601) in 2000-02, 13.3 deaths per 100,000 (366/2,748,918) in 2003-05, and 12.2 deaths per 100,000 (338/2,767,839) in 2006-08.

Rates for individual years in the surveillance period ranged from 11.1 deaths per 100,000 in 2008 to 16.1 deaths per 100,000 in 2001. Rates for overlapping 3-year periods ranged from 12.2 deaths per 100,000 in 2006-08 to 14.7 deaths per 100,000 in 2000-02.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by 3.0% per year. Comparing 2006-08 to 2003-05, the indicator declined by 2.8% per year.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

The numerator is from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 due to unintentional injuries among children aged 14

years and younger was 13.0 (119/918,475) in 2004 and 14.3 (131/916,861) in 2005. (The preceding numerator of 131 for the year 2005 is slightly higher than that shown on Form 20. The reason for this difference is that we have expanded our SAS[TM] programming criteria to capture certain unintentional injuries that were not captured in the previous programming.)

**Trends:**

This indicator declined (improved) in 2006 and again in 2007. In 2007 the unintentional injury death rate among Alabama children aged 14 years or younger was 11.3 deaths per 100,000 children, which was the lowest rate during the surveillance period (2000-2007).

The rate showed no consistent trend from 2000-2005, when it ranged from 12.6 deaths per 100,000 in 2003 to 16.1 deaths per 100,000 in 2001. However, comparing 3-year periods, the unintentional injury death rate among Alabama residents aged 14 years and younger declined from 14.7 (408/2,780,153) per 100,000 in 2000-02 to 13.1 (361/2,764,216) per 100,000 in 2005-07: for an average annual decline of 2.3%.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	6.5	6.4	3.7	4.6	
<b>Numerator</b>	61	59	34	43	
<b>Denominator</b>	936,034	922,002	922,825	925,961	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

Issues concerning the numerators and denominators for this indicator are discussed under the Form 20 year 2009 field note for Health Status Indicator (HSI) #3A.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in the year 2009 Form 20 field note for HSI #3A.

**Trends:**

For this analysis of trends, numerators for years 2006, 2007, and 2008 have been adjusted as described in HSI #3A's year 2009 Form 20 field note. In the case of this indicator, HSI #3B, the adjustment involved adding 2 deaths to the number of motor vehicle crash deaths reported in Alabama residential statistical death files (for 0-14 year-old persons) for each of the following years: 2006, 2007, and 2008.

The surveillance period is 2000-2008. Among 0-14 year-old Alabama residents, the single-year death rate due to motor vehicle crash deaths showed no consistent trend early in the surveillance period, but then declined in 3 successive years (2005, 2006, and 2007) before increasing in 2008. Consecutive 3-year motor vehicle crash death rates in this population were: 6.0 deaths per 100,000 (167/2,778,601) in 2000-02, 6.3 deaths per 100,000 (173/2,748,918) in 2003-05, and 5.0 deaths per 100,000 (138/2,767,839) in 2006-08.

Rates for individual years in the surveillance period ranged from 3.7 deaths per 100,000 in 2007 to 6.8 deaths per 100,000 in 2004. Rates for overlapping 3-year periods ranged from 5.0 deaths per 100,000 in 2006-08 to 6.7 deaths per 100,000 in 2004-06.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator declined (improved) by 3.1% per year. Comparing 2006-08 to 2003-05, the indicator declined by 7.5% per year.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

The numerator is from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 for unintentional injuries among Alabama residents aged 14 years and younger due to motor vehicle crashes was 6.75 (62/918,475) in 2004 and 6.65 (61/916,861) in 2005.

**Trends:**

This rate did not show a consistent trend from 2000-2004: ranging from 5.4 deaths per 100,000 in 2003 to 6.8 deaths per 100,000 in 2004. The rate then declined 3 years in a row, however, to reach the lowest rate during the surveillance period in 2007. In that year, the motor vehicle crash death rate (excluding injuries known to be intentional) among Alabama children aged 14 years and younger was 3.5 deaths per 100,000 children.

Comparing 3-year periods, this rate declined from 6.0 (167/2,780,153) per 100,000 in 2000-02 to 5.5 (152/2,764,216) per 100,000 in 2005-07: for an average annual decline of 1.75%.





**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	41.0	48.1	46.5	39.7	
<b>Numerator</b>	272	309	300	257	
<b>Denominator</b>	663,113	641,922	644,621	646,734	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

Issues concerning the numerators and denominators for this indicator are discussed under the Form 20 year 2009 field note for Health Status Indicator (HSI) #3A.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

Data issues concerning numerators and denominators for this indicator are discussed in the year 2009 Form 20 field note for HSI #3A.

**Trends:**

For this analysis of trends, numerators for years 2006, 2007, and 2008 have been adjusted as described in HSI #3A's year 2009 Form 20 field note. In the case of this indicator, HSI #3C, the adjustment involved adding the following number of motor vehicle crash deaths to the number reported in Alabama residential statistical death files (for 15-24 year-old persons): 6 deaths for 2006, 5 deaths for 2007, and 5 deaths for 2008.

The surveillance period is 2000-2008. Among 15-24 year-old Alabama residents, the single-year death rate due to motor vehicle crash deaths showed no consistent trend. Consecutive 3-year motor vehicle crash death rates in this population did increase somewhat, however: from 42.3 deaths per 100,000 (809/1,910,707) in 2000-02, to 43.0 deaths per 100,000 (825/1,918,309) in 2003-05, to 45.1 deaths per 100,000 (872/1,932,757) in 2006-08.

Rates for individual years in the surveillance period ranged from 38.9 deaths per 100,000 in 2003 to 49.1 deaths per 100,000 in 2006. Rates for overlapping 3-year periods ranged from 42.0 deaths per 100,000 in 2001-03 to 46.4 deaths per 100,000 in 2004-06.

Comparing 2006-08 to 2000-02 and assuming a constant annual percent change, this indicator increased (worsened) by 1.1% per year. Comparing 2006-08 to 2003-05, the indicator increased by 1.6% per year.

To ascertain whether the above increases were an artifact introduced by adjusting for the out-of-state reporting issue, we also looked at trends in occurrent motor vehicle crash deaths in this age group. That is, we counted only deaths of Alabama residents that occurred in Alabama. Based on analysis of occurrent deaths, the motor vehicle crash death rate in 15-24 year-old Alabama residents increased by 1.4% per year: whether comparing 2006-08 to 2000-02 or to 2003-05.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

The numerators are from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 15-24 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 from unintentional injuries due to motor vehicle crashes among 15-24 year-old Alabama residents was 47.55 (304/639,328) in 2004 and 42.5 (272/639,423) in 2005.

**Trends:**

This rate has not shown a consistent trend during the surveillance period: ranging from 38.8 per 100,000 in 2003 to 48.1 per 100,000 in 2006. However, in 2007 the motor vehicle crash death rate (unintentional injuries only) among 15-24 year-old Alabama residents was 45.7 deaths per 100,000 youth: the third highest rate during the surveillance period (2000-2007). Thus, 2 of the 3 highest rates during the surveillance period occurred in 2006 and 2007.

Therefore, comparing 3-year periods, this rate increased (worsened) from 42.3 (809/1,912,145) per 100,000 in 2000-02 to 45.5 (876/1,926,477) per 100,000 in 2005-07: for an average annual increase of 1.45%.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>142.7</u>	<u>139.4</u>	<u>120.3</u>	<u>114.4</u>	<u>          </u>
<b>Numerator</b>	<u>1,336</u>	<u>1,285</u>	<u>1,110</u>	<u>1,059</u>	<u>          </u>
<b>Denominator</b>	<u>936,034</u>	<u>922,002</u>	<u>922,825</u>	<u>925,961</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. (As explained in the year 2008 note for this indicator, numerators for this indicator are derived by multiplying a factor times the corresponding number of deaths.) Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 3,104 numerator events for Health Status Indicator (HSI) #4A and 302 numerator events for HSI #3A. Dividing the former by the latter yields the factor 10.27815. With 1 exception, multiplying this factor times Alabama's respective numerators for HSI #3A (fatal injuries) for 2004 through 2007 yielded the numerators shown on Form 20 for HSI #4A, which are very rough estimates. (The exception is year 2005, for which the numerator should be 1,346.) For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

Because the numerators for this indicator are derived as above, rather than computed from a database of nonfatal injuries, we do not analyze trends in this indicator.

Data issues concerning denominators for this indicator are discussed in the Form 20 year 2009 field note for HSI #3A.

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

Numerators for this indicator were derived as described in the year 2008 Form 20 field note for this indicator.

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of all nonfatal injuries among children aged 14 years and younger was 133.2 (1,223/918,475) in 2004 and 146.8 (1,346/916,861) in 2005.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>28.3</u>	<u>27.8</u>	<u>16.0</u>	<u>20.2</u>	<u>          </u>
<b>Numerator</b>	<u>265</u>	<u>256</u>	<u>148</u>	<u>187</u>	<u>          </u>
<b>Denominator</b>	<u>936,034</u>	<u>922,002</u>	<u>922,825</u>	<u>925,961</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. (As explained in the year 2008 note for this indicator, numerators for this indicator are derived by multiplying a factor times the corresponding number of deaths.) Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 543 numerator events for Health Status Indicator (HSI) #4B and 125 numerator events for HSI #3B. Dividing the former by the latter yields the factor 4.34400. Multiplying this factor times Alabama's respective numerators for HSI #3B (fatal motor vehicle crash injuries) for 2004 through 2008 yielded the numerators shown on Form 20 for HSI #4B, which are very rough estimates. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

Because the numerators for this indicator are derived as above, rather than computed from a database of nonfatal injuries, we do not analyze trends in this indicator.

Data issues concerning denominators for this indicator are discussed in the Form 20 year 2009 field note for HSI #3A.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

Numerators for this indicator were derived as described in the year 2008 Form 20 field note for this indicator.

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger was 29.3 (269/918,475) in 2004 and 28.9 (265/916,861) in 2005.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	176.4	207.0	200.1	170.9	
<b>Numerator</b>	1,170	1,329	1,290	1,105	
<b>Denominator</b>	663,113	641,922	644,621	646,734	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Due to the time required to receive and edit vital events data, final year 2009 death files are not yet available for Alabama. (As explained in the year 2008 note for this indicator, numerators for this indicator are derived by multiplying a factor times the corresponding number of deaths.) Our experience has shown that the provisional files available at this time sometimes provide misleading results. If the final files are available by August 2010, staffing resources permit us to analyze the files, and the Title V Information System (TVIS) can be accessed in September 2010, we will provide the year 2009 estimate in September 2010. Otherwise, the estimate will be provided by July 2011.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 2,748 numerator events for Health Status Indicator (HSI) #4C and 639 numerator events for HSI #3C. Dividing the former by the latter yields the factor 4.30047. Multiplying this factor times Alabama's respective numerators for HSI #3C (fatal injuries sustained in motor vehicle crashes) for 2004 through 2008 yielded the numerators shown on Form 20 for HSI #4C, which are very rough estimates. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

Because the numerators for this indicator are derived as above, rather than computed from a database of nonfatal injuries, we do not analyze trends in this indicator.

Data issues concerning denominators for this indicator are discussed in the Form 20 year 2009 field note for HSI #3A.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The following information pertains to the Maternal and Child Health Services Block Grant Fiscal Year 2007 Report/Fiscal Year 2009 Application and numbers available as of September 2008.

Numerators for this indicator were derived as described in the year 2008 Form 20 field note for this indicator.

The U.S. Census Bureau's population estimates for 15-24 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the web-based TVIS does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15-24 years was 204.4 (1,307/639,328) in 2004 and 183.0 (1,170/639,423) in 2005.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>38.1</u>	<u>51.7</u>	<u>46.7</u>	<u>46.8</u>	<u>46.7</u>
<b>Numerator</b>	<u>6,231</u>	<u>8,229</u>	<u>7,501</u>	<u>7,559</u>	<u>7,550</u>
<b>Denominator</b>	<u>163,488</u>	<u>159,300</u>	<u>160,549</u>	<u>161,617</u>	<u>161,617</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

All estimates are for calendar years. The numerators represent cases rather than unduplicated patient counts.

Because population projections become unreliable a few years out from census years, we are now using updated population estimates as denominators when analyzing trends. However, the web-based Title V Information System does not allow us to directly change the population estimate for 2005 (which is a population projection) or 2006 (which is from an earlier U.S. Census population estimate file). Using the updated population estimates for those years does not change the rates, however. That is, using the updated denominators for 2005 and 2006, the estimated chlamydia case rate per 1,000 among 15-19 year-old Alabama females was 39.7 (6,231/156,839) in 2005 and 51.7 (8,229/159,182) in 2006. (Updated population estimates were derived from a U.S. Census Bureau spreadsheet, "SC-EST2008-alldata6-AL-ID," which includes 6 race groups.)

Because we do not have a population estimate for 2009 for 15-19 year-old Alabama females, we are using the estimate for 2008 as our best estimate for 2009.

Trends:

Ascertainment bias, discussed in the narrative, may partially account for the reported increase in 2006. From 2007 onward the rate has remained stable, at 47 cases per 1,000 females in this age group.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Trends:

The surveillance period for this discussion of trends is 2003-2008. From a baseline of 34.1 cases per 1,000 in 2003, the reported chlamydia case rate among 15-19 year-old Alabama females increased 3 years in a row, peaking at 51.7 cases per 1,000 in 2006. The rate then declined to 46.7 cases per 1,000 in 2007 and remained at about the same level in 2008. As discussed in the narrative, the reported increase in 2006 may be partly due to ascertainment bias.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Indicator</b>	<u>12.9</u>	<u>16.9</u>	<u>14.2</u>	<u>13.4</u>	<u>13.3</u>
<b>Numerator</b>	<u>10,359</u>	<u>13,211</u>	<u>11,131</u>	<u>10,486</u>	<u>10,365</u>
<b>Denominator</b>	<u>803,448</u>	<u>783,556</u>	<u>781,772</u>	<u>780,095</u>	<u>780,095</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Issues:

All estimates are for calendar years. The numerators represent cases rather than unduplicated patient counts.

Because population projections become unreliable a few years out from census years, we are now using updated population estimates as denominators when analyzing trends. However, the web-based Title V Information System does not allow us to directly change the population estimate for 2005 (which is a population projection) or 2006 (which is from an earlier U.S. Census population estimate file). Using the updated population estimates yields a different estimate for 2005 than is shown on Form 20. That is, using the updated denominators for 2005 and 2006, the estimated chlamydia case rate per 1,000 among 20-44 year-old Alabama females was 13.2 (10,359/783,614) in 2005 and 16.9 (13,211/783,469) in 2006.

Because we do not have a population estimate for 2009 for 20-44 year-old Alabama females, we are using the estimate for 2008 as our best estimate for 2009.

Trends:

Ascertainment bias, discussed in the narrative, may partly account for the reported increase in 2006. In this population, after reaching 16.9 cases per 1,000 in 2006, the chlamydia case rate declined to 14.2 per 1,000 in 2007, declined again to 13.4 per 1,000 in 2008, and then remained about the same, at 13.3 per 1,000, in 2009.

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Trends:

The surveillance period for this discussion of trends is 2003-2008. From a baseline of 9.1 cases per 1,000 in 2003, the reported chlamydia case rate among 20-44 year-old Alabama females increased 3 years in a row, peaking at 16.9 cases per 1,000 in 2006. The rate then declined to 14.2 cases per 1,000 in 2007 and declined again, to 13.4 cases per 1,000 in 2008. As mentioned above and further discussed in the narrative, the reported increase in 2006 may be partly due to ascertainment bias.





**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AL**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	62,655	39,473	20,527	414	655	42	1,544	0
Children 1 through 4	247,849	164,552	72,703	1,151	2,819	133	6,491	0
Children 5 through 9	306,980	204,587	91,115	1,422	3,021	153	6,682	0
Children 10 through 14	308,477	202,508	96,319	1,525	2,915	147	5,063	0
Children 15 through 19	328,187	209,831	109,665	1,922	2,498	152	4,119	0
Children 20 through 24	318,547	206,781	103,123	1,995	3,206	125	3,317	0
Children 0 through 24	1,572,695	1,027,732	493,452	8,429	15,114	752	27,216	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	58,068	4,587	0
Children 1 through 4	229,393	18,456	0
Children 5 through 9	291,279	15,701	0
Children 10 through 14	297,492	10,985	0
Children 15 through 19	319,070	9,117	0
Children 20 through 24	309,762	8,785	0
Children 0 through 24	1,505,064	67,631	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AL**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	159	53	103	1	0	0	0	2
Women 15 through 17	2,518	1,305	1,173	8	9	0	0	23
Women 18 through 19	5,890	3,382	2,408	23	15	0	0	62
Women 20 through 34	49,008	33,120	14,560	142	700	10	0	476
Women 35 or older	5,732	4,244	1,273	13	166	0	0	36
Women of all ages	63,307	42,104	19,517	187	890	10	0	599

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	143	16	0
Women 15 through 17	2,283	235	0
Women 18 through 19	5,437	450	3
Women 20 through 34	44,909	4,082	17
Women 35 or older	5,276	453	3
Women of all ages	58,048	5,236	23

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: AL**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	612	324	279	1	4	0	0	4
Children 1 through 4	91	59	27	1	2	0	0	2
Children 5 through 9	53	34	18	0	1	0	0	0
Children 10 through 14	70	41	28	1	0	0	0	0
Children 15 through 19	260	167	90	1	2	0	0	0
Children 20 through 24	441	291	142	3	3	0	0	2
Children 0 through 24	1,527	916	584	7	12	0	0	8

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	565	47	0
Children 1 through 4	84	6	1
Children 5 through 9	53	0	0
Children 10 through 14	70	0	0
Children 15 through 19	254	6	0
Children 20 through 24	411	30	0
Children 0 through 24	1,437	89	1

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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,254,148	820,951	390,329	6,434	11,908	627	23,899	0	2008
Percent in household headed by single parent	29.6	17.9	56.8	26.0	13.9	32.1	32.7	23.8	2005
Percent in TANF (Grant) families	3.0	1.4	6.3	9.2	0.4	1.9	0.0	0.0	2009
Number enrolled in Medicaid	540,846	269,154	251,804	1,787	3,535	0	0	14,566	2009
Number enrolled in SCHIP	72,206	44,838	24,650	606	852	29	0	1,231	2009
Number living in foster home care	5,791	2,888	2,795	16	9	8	0	75	2008
Number enrolled in food stamp program	370,702	155,718	196,859	12,524	977	154	0	4,470	2009
Number enrolled in WIC	162,476	86,614	69,057	973	897	468	4,467	0	2008
Rate (per 100,000) of juvenile crime arrests	5,266.0	4,270.0	7,258.0	0.0	0.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	1.5	1.4	1.7	1.2	0.7	0.0	0.0	1.6	2009

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,195,302	58,846	0	2008
Percent in household headed by single parent	29.6	25.7	0.0	2007
Percent in TANF (Grant) families	3.1	1.6	0.0	2009
Number enrolled in Medicaid	490,377	42,061	8,408	2009
Number enrolled in SCHIP	69,556	2,560	90	2009
Number living in foster home care	5,570	207	14	2008
Number enrolled in food stamp program	362,632	8,072	0	2009
Number enrolled in WIC	141,286	21,190	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	5,266.0	2008
Percentage of high school drop-outs (grade 9 through 12)	1.5	1.6	1.4	2009

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>GEOGRAPHIC LIVING AREAS</b>	<b>TOTAL</b>
Living in metropolitan areas	905,680
Living in urban areas	695,300
Living in rural areas	558,848
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,254,148</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	4,716,000.0
Percent Below: 50% of poverty	6.1
100% of poverty	14.3
200% of poverty	35.0

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>1,118,000.0</u>
Percent Below: 50% of poverty	<u>10.4</u>
100% of poverty	<u>23.7</u>
200% of poverty	<u>47.2</u>

## FORM NOTES FOR FORM 21

HSIs #6A and #6B:

Numbers shown in HSIs #6A-6B are population estimates for calendar year 2008 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2008-alldata6-AL-ID," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau web site in February 2010.

HSIs #7A and #7B:

The database used is the Alabama residential live birth statistical file for calendar year 2008. For HSIs #7A and 7B, race and ethnicity are reported as the race and ethnicity of the mother. For these indicators, the "Women of all ages" row excludes the 1,038 births where maternal age was not reported. With respect to race, of these 1,038 infants, 750 were White, 274 were Black, 2 were Asian, and 12 were of unknown race. With respect to ethnicity, of the 1,038 infants, 1,004 were not Hispanic, 22 were Hispanic, and 12 were of unknown ethnicity. Nearly all of the births for which maternal age was not reported occurred in a neighboring state. The database does not have a multiple-race category.

## FIELD LEVEL NOTES

**1. Section Number:** Form21\_Indicator 07A

**Field Name:** Race\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2011

**Field Note:**

For each age category in this table, Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians, and race pertains to that of the mother.

For all maternal age groups, the "Other and Unknown" racial category in this table includes cases where race was not reported, as well as cases where the mother's race was coded as "Other Entries" (race categories not fitting into the 5 single-race categories specified for this health status indicator) in the computerized birth records. Alabama computerized birth files do not include a multiple-race category.

**2. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2011

**Field Note:**

The following note applies to all age categories reported in Health Status Indicator #8A.

Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health in recent years. This out-of-state reporting issue may cause slight underestimation of the number of deaths that occurred in 2008. The data source, the year 2008 Alabama statistical death file, does not have a multiple-race category.

**3. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Children1to4

**Row Name:** children 1 through 4

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**4. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Children5to9

**Row Name:** children 5 through 9

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**5. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Children10to14

**Row Name:** children 10 through 14

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**6. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Children15to19

**Row Name:** children 15 through 19

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**7. Section Number:** Form21\_Indicator 08A

**Field Name:** S08\_Race\_Children20to24

**Row Name:** children 20 through 24

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**8. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Infants

**Row Name:** Infants 0 to 1

**Column Name:**

**Year:** 2011

**Field Note:**

The following note applies to all age categories reported in Health Status Indicator #8B.

Vital events that involve Alabama residents but occur outside of the State have apparently been underreported to the Alabama Department of Public Health in recent years. This out-of-state reporting issue may cause slight underestimation of the number of deaths that occurred in 2008. The data source, the year 2008 Alabama statistical death file, does not have a multiple-race category.

**9. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Children1to4

**Row Name:** children 1 through 4

**Column Name:**



**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**10. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Children5to9

**Row Name:** children 5 through 9

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**11. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Children10to14

**Row Name:** children 10 through 14

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**12. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Children15to19

**Row Name:** children 15 through 19

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**13. Section Number:** Form21\_Indicator 08B

**Field Name:** S08\_Ethnicity\_Children20to24

**Row Name:** children 20 through 24

**Column Name:**

**Year:** 2011

**Field Note:**

See note to this indicator's "Infants 0 to 1" row.

**14. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_Children

**Row Name:** All children 0 through 19

**Column Name:**

**Year:** 2011

**Field Note:**

All Children 0 Through 19 by Race:

Numbers shown are population estimates for calendar year 2008 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2008-alldata6," which provides estimates for the year 2008 to Census population estimates for the year 2000. The spreadsheet reports 5 race groups and 1 group of persons who were of 2 or more races. The spreadsheet was downloaded from the U.S. Census Bureau web site in December 2009.

**15. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SingleParentPercent

**Row Name:** Percent in household headed by single parent

**Column Name:**

**Year:** 2011

**Field Note:**

Percent in Household Headed by Single Parent by Race:

The data for the percent in household headed by single parent do not change annually as this information is only available during census years.

The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000. The Title V Information System selection box for "Specific Reporting Year" does not provide "2000" as an option.

Numbers shown are for the 0-17 year group, since data are available only for this group.

**16. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2011

**Field Note:**

Percent in TANF by Race:

Numbers for this item were derived from numbers provided by the Alabama Department of Human Resources (DHR),

As of December 31, 2009, a total of 37,516 children and youth (0-19 years of age) lived in households that received Family Assistance (TANF) in Alabama. The total number of families receiving TANF was 22,109.

The race-specific numbers of children and youth living in households receiving TANF were not provided by DHR, but the race-specific numbers of TANF households were provided. Therefore, the race-specific numbers of children and youth living in households receiving TANF were derived as follows: the total number of children and youth in TANF households (37,516) divided by the total number of households receiving TANF (22,109). The factor yielded by this method was 1.69687. For example, 6,552 White households received TANF. Multiplying 6,552 by the unrounded factor yielded 11,118, which is our estimate for the number of White children and youth living in TANF households. Using 11,118 White children and youth as the numerator and 820,951 White children and youth (from the "All children 0 through 19 row") as the denominator yields the estimate that 1.4% of White children and youth were in households receiving TANF.

The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.69687) in all racial categories. We do not have the data to test the correctness of this assumption.

There were 539 Hispanic households and 75 Other households whose racial composition are unknown. As there is no denominator for the racial category of "Other and Unknown", a percentage of these individuals (an estimated numerator of 1,042) is not included.

**17. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2011

**Field Note:**

Number Enrolled in Medicaid by Race:

Numbers for this item were provided by the Alabama Medicaid Agency and compiled from 2 special-run reports: "Alabama Medicaid FY 2009: Eligibles Less than 1 Year of Age by Race" and "Alabama Medicaid FY 2009: Eligibles Age 1 to 19 by Race".

The Medicaid reports did not include the race categories of "Native Hawaiian or Other Pacific Islander", or "More than 1 Race", so we do not know how many Medicaid-enrolled children and youth were in these racial categories.

The Medicaid reports did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from these reports.

**18. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2011

**Field Note:**

Number Enrolled in SCHIP by Race:

Numbers for this item were provided by the Alabama State Children's Health Insurance Program (CHIP) and reflect enrollment in ALL Kids for December 31, 2009.

The CHIP report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from this report.

CHIP enrollment is limited to eligible persons aged 18 years and younger.

**19. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2011

**Field Note:**

Number Enrolled in Food Stamp Program by Race:

Numbers for this item were provided by DHR. Numbers provided by DHR reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2009 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.

The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.

In the 64 counties, as of December 31, 2009, a total of 746,410 individuals (regardless of age) were receiving food stamps. Of these individuals, 370,704 were 0-19 years of age. Age of food stamp recipients was not reported according to race. To estimate the number of 0-19 year-old food stamp recipients who were 19 years of age or younger (370,704/746,410, or .49665) times each race-specific number of food stamp recipients. This method assumes an identical age distribution across racial categories of food stamp recipients, and we do not have data to test the correctness of this assumption.

**20. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2011

**Field Note:**

Number Enrolled in WIC by Race:

Numbers reported here are provided by ADPH's Bureau of Information Technology and represent an unduplicated count of WIC enrollees. Race and ethnicity are self-reported by WIC recipients. These numbers represent WIC enrollment through December 31, 2008.

**21. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2011

**Field Note:**

Rate of Juvenile Crime Arrests by Race:

Numerators were derived from the Alabama Criminal Justice Information Center's (CJIC's) web site and represent arrests in Alabama in 2008. The aforesaid web site reports "Part I" and "Part II" arrests for all ages combined and for multiple age groups. Part I crimes pertain to more serious criminal acts, and Part II crimes to less serious offenses. Three age groups (under 18 years, 18 years, and 19 years) were summed to calculate Part I and Part II arrests for persons aged 19 years or younger. The numbers of Part I and Part II arrests in this age group were then summed to calculate the total number of arrests of persons aged 19 years or younger (32,561 arrests). Presumably, virtually all arrests in this age group involved youth whose ages were from 10 through 19 years.

CJIC's web site did not report arrests according to age and race concurrently. However, it said that: Of persons arrested for Part I offenses, 49% were White and 51% were Black; and of persons arrested for Part II offenses, 56% were White and 44% were Black. To estimate the numbers of arrests of White youth and of Black youth in the 0-19 year age group, the proportion corresponding to each of the aforesaid percentages was applied to the corresponding total number of Part I and Part II arrests of 0-19 year-old persons. For example, to estimate the number of arrests of White persons aged 0-19 years in Alabama in 2007: 0.49 was multiplied by the number of Part I arrests in this age group, 0.56 was multiplied by the number of Part II arrests in this age group, and the 2 resulting products were summed. A corresponding procedure using factors of 0.51 (for Part I arrests) and 0.44 (for Part II arrests) was followed to estimate the number of arrests of Black 0-19 year-old youth.

While numerators were estimated as described above, denominators are population estimates for calendar year 2008 and are derived from a U.S. Census Bureau spreadsheet as described in the note to "All children 0 through 19".

As previously stated, CJIC's web site did not report arrests for juveniles according to race, which necessitated estimating race-specific numbers for White youth and for Black youth. These race-specific estimates assume that the racial distribution for arrests of youth was the same as that for arrests of all ages combined, and we do not have the data to test this assumption. Further, a few of the youths arrested may have been of a race other than White or Black. Because we have no data-based way of estimating the number of arrests of youths whose race was other than White or Black, zeroes have been entered into cells for these racial categories.

**22. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2011

**Field Note:**

Percentage of High School Drop-Outs by Race:

Numbers for this item were provided by the Alabama State Department of Education (SDE).

Because the racial composition of Hispanics was unknown, the Hispanic group was added to the "Other and Unknown" category.

SDE did not report a category for "Native Hawaiian or Other Pacific Islander."

The enrollment data for 2009 were collected in December 2009 for the 2008-2009 school year. Dropout data for 2009 were collected in December 2009 for the 2008-2009 school year.

- 23. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
All Children 0 Through 19 by Ethnicity:  
Numbers shown are population estimates for calendar year 2008 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2008-alldata6." The spreadsheet was downloaded from the U.S. Census Bureau web site in December 2009.
- 24. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Percent in Household Headed by Single Parent by Ethnicity:  
The data for the percent in household headed by a single parent do not change annually as this information is only available during censal years.
- The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000. The Title V Information System selection box for "Specific Reporting Year" does not provide "2000" as an option.
- Numbers shown are for the 0-17 year age group, since data are available only for this group.
- 25. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Percent in TANF (Grant) Families by Ethnicity:  
Numbers for this item were derived from numbers provided by DHR.
- As of December 31, 2009, a total of 37,516 children lived in households that received Family Assistance (TANF) in Alabama. The total number of households receiving Family Assistance was 22,109.
- As stated in the corresponding field note for Health Status Indicator (HSI) #9A, the race-specific number of children and youth living in households receiving TANF was not provided by DHR. Similarly, the number of Hispanic children and youth living in households receiving TANF was not reported by DHR, but the number of Hispanic households (245) receiving TANF was provided. Using the rationale described in the corresponding field note for HSI #9A, by multiplying 1.69687 (using the unrounded decimal times the 539 Hispanic households), we estimated that 915 Hispanic children and youth were in households receiving food stamps. Using 915 Hispanic children and youth as the numerator and 58,846 Hispanic individuals (from the "All children 0 through 19" row of HSI #9B) as the denominator yields the estimate that 1.6% of Hispanic children and youth were in households receiving TANF.
- A corresponding procedure was used to estimate the percentage of non-Hispanic children and youth who were in households receiving TANF.
- The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.69687) in both the Hispanic and non-Hispanic categories. We do not have the data to test the correctness of this assumption.
- 26. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Number Enrolled in Medicaid by Ethnicity:  
Numbers for this item were provided by the Alabama Medicaid Agency and compiled from 2 special-run reports: "Alabama Medicaid FY 2009: Eligibles Less than 1 Year of Age by Race" and "Alabama Medicaid FY 2009: Eligibles Age 1 to 19 by Race".
- 27. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Number Enrolled in SCHIP by Ethnicity:  
Numbers for this item were provided by the Alabama State Children's Health Insurance Program (CHIP) and reflect enrollment in ALL Kids for December 31, 2009.
- The CHIP report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from this report.
- CHIP enrollment is limited to eligible persons aged 18 years and younger.
- 28. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Number Enrolled in Food Stamp Program by Ethnicity:  
Numbers for this item were provided by DHR. Numbers provided by DHR and reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2009 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.
- The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.
- In the 64 counties, as of December 31, 2009, a total of 746,410 individuals (regardless of age) were receiving food stamps. Of these individuals, 370,704 were 0-19 years of age and 16,253 were identified as being of Hispanic/Latino ethnicity. We multiplied the proportion of all food stamp recipients who were 19 years of age or younger (370,704/746,410, or .49665) times the total number of food stamp recipients of Hispanic/Latino ethnicity. This method assumes an identical age distribution across food stamp recipients of Hispanic/Latino ethnicity, and we do not have data to test the correctness of this assumption.
- 29. Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIethnicity\_WICNo  
**Row Name:** Number enrolled in WIC

**Column Name:****Year:** 2011**Field Note:**

Number Enrolled in WIC by Ethnicity:

Numbers reported here are provided by ADPH's Bureau of Information Technology and represent an unduplicated count of WIC enrollees. Race and ethnicity are self-reported by WIC recipients. These numbers represent WIC enrollment through December 31, 2008.

**30. Section Number:** Form21\_Indicator 09B**Field Name:** HSIethnicity\_JuvenileCrimeRate**Row Name:** Rate (per 100,000) of juvenile crime arrests**Column Name:****Year:** 2011**Field Note:**

Rate of Juvenile Crime Arrests by Ethnicity:

As detailed in the Health Status Indicator (HSI) #9A field note for this indicator, numerators for the juvenile crime arrest rate were derived from the Alabama CJIC's web site. The aforesaid web site did not report crimes according to ethnicity, so we cannot report the juvenile crime arrest rate according to ethnicity. For this reason, the estimated juvenile crime rate for the total population of 0-19 year-old Alabama residents is placed in the "Ethnicity Not Reported" column. Because the Title V Information System does not allow blank cells in HSI #9A or #9B, a zero is placed in each of the 2 cells intended for reporting the juvenile crime arrest rate according to ethnicity. However, the actual juvenile crime arrest rates for the 2 groups--respectively Hispanic and non-Hispanic children and youth living in Alabama--are not known.

**31. Section Number:** Form21\_Indicator 09B**Field Name:** HSIethnicity\_DropOutPercent**Row Name:** Percentage of high school drop-outs (grade 9 through 12)**Column Name:****Year:** 2011**Field Note:**

Percentage of High School Drop-Outs by Ethnicity:

Numbers for this item were provided by SDE.

The Enrollment data for 2009 were collected in December 2009 for the 2008-2009 school year. Dropout data for 2009 were collected in December 2009 for the 2008-2009 school year.

The source document provided by SDE apparently reported "Ethnicity" as a single variable, with each individual classified as being of a particular race, OR as being Hispanic, OR as being "Not Reported." For this reason, the percentage for persons whose race was not reported is shown in the "Ethnicity Not Reported" column. This percentage was based on small numbers, however (5/349, or 1.4%).

**32. Section Number:** Form21\_Indicator 10**Field Name:** Metropolitan**Row Name:** Living in metropolitan areas**Column Name:****Year:** 2011**Field Note:**

According to the U.S. Office of Management and Budget, OMB Bulletin No. 09-01, in 2008, 28 Alabama counties were classified as metropolitan areas, which is the same as the corresponding number in 2006. The number shown for metropolitan areas is the total number of 0-19 year-old Alabama residents in these 28 counties in 2008, as derived from a U.S. Census Bureau spreadsheet that shows estimated populations, by age and other demographic characteristics, for all U.S. counties. (The spreadsheet, downloaded on May 26, 2010 is entitled "cc-est2008-alldata-01.")

**33. Section Number:** Form21\_Indicator 10**Field Name:** Urban**Row Name:** Living in urban areas**Column Name:****Year:** 2011**Field Note:**

According to information provided by the University of Alabama's Center for Business and Economic Research (CBER) in 2007, age-specific numbers on urban and rural populations were compiled only for the decennial census. Also according to CBER, the urban share of the 0-19 year-old population of Alabama residents had been about 55.44% in 2000. Therefore, to estimate the number of 0-19 year-old Alabama residents in urban areas in 2008, we multiplied .5544 times the total number of 0-19 year-old Alabama residents in that year, as derived from a detailed U.S. Census Bureau spreadsheet (SC-EST2008-alldata6-AL-ID).

**34. Section Number:** Form21\_Indicator 10**Field Name:** Rural**Row Name:** Living in rural areas**Column Name:****Year:** 2011**Field Note:**

The number of 0-19 year-old Alabama children and youth living in rural areas was estimated by subtracting the number living in urban areas from the total number of 0-19 year-old Alabama residents.

**35. Section Number:** Form21\_Indicator 11**Field Name:** S11\_total**Row Name:** Total Population**Column Name:****Year:** 2011**Field Note:**

The references for Health Status Indicator (HSI) #11 are online U.S. Census Bureau reports of the Current Population Survey, which is a joint effort between the Bureau of Labor Statistics and the Census Bureau. The Current Population Survey collects primarily labor force data about the civilian noninstitutionalized population, but also asks questions about military personnel who live in households with at least 1 other civilian adult (reference: U.S. Census Bureau. Source of the Data and Accuracy of the Estimates for Income, Poverty, and Health Insurance Coverage in the United States: 2007). Because the Current Population Survey is based on a sample, estimates are an approximation.

One of the reports used for HSI #11, part of the U.S. Census Bureau's Annual Social and Economic Supplement, is entitled "POV 46: Poverty Status by State: 2008." This report shows the "weighted person count" in thousands. Thus, the number shown on Form 21 for the "Total Population" in HSI #11 is an approximation. This approximation is shown there for the sake of internal consistency within the indicator. However, a more accurate estimate of the total population of Alabama residents in 2008 is 4,661,900 (reference: an online U.S. Census Bureau table, "DP-1. General Demographic Characteristics." Accessed on 8/14/2009 from the following address--<http://factfinder.census.gov/>).

All tables used for Health Status Indicator 11 were retrieved from the U.S. Census Bureau's web site, <http://www.census.gov/>.

**36. Section Number:** Form21\_Indicator 11**Field Name:** S11\_50percent**Row Name:** Percent Below: 50% of poverty**Column Name:****Year:** 2011**Field Note:**

The previously referenced report on poverty status does not provide estimates concerning household incomes below 50% of the federal poverty level (FPL), and we are not

aware of any reports showing this indicator for Alabama in 2008. However, in the U.S. in 2008, 42.8708% of persons with a household income below 100% of the FPL had a household income below 50% of the FPL (reference: derived from U.S. Census Bureau Table "POV01, Age and Sex of All People, Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race: 2008").

Per the Census Bureau table providing state-level estimates on poverty ("POV46: Poverty Status by State: 2008", in 2008 about 675,000 Alabama residents had a household income below 100% of the FPL. For estimation purposes, we assume that 42.8708% of these (about 289,378 persons) had a household income below 50% of the FPL. In this way, we estimate that, in 2008, about 6.1% (289,378/4,716,000) of Alabama residents had a household income below 50% of the FPL. We do not have the information necessary for calculating a confidence interval for this very rough estimate.

**37. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2011

**Field Note:**

In 2008, 14.3% of Alabama residents had a household income less than 100% of the FPL, with a 90% confidence interval of 12.3%-16.3%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The reference is the U.S. Census Bureau's table, "POV46: Poverty Status by State: 2008," retrieved on 5/26/2010.

**38. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2011

**Field Note:**

In 2008, 35.0% of Alabama residents had a household income less than 200% of the FPL, with a 90% confidence interval of 32.4%-37.6%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The reference is the U.S. Census Bureau's table, "POV46: Poverty Status by State: 2008," retrieved on 5/26/2010.

**39. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2011

**Field Note:**

The references used for Health Status Indicator (HSI) #12 pertain to persons 0-17 years of age, rather than to persons 0-19 years of age.

The references for HSI #12 are online U.S. Census Bureau reports of the Current Population Survey, which is a joint effort between the Bureau of Labor Statistics and the Census Bureau. The Current Population Survey collects primarily labor force data about the civilian noninstitutionalized population, but also asks questions about military personnel who live in households with at least 1 other civilian adult (reference: U.S. Census Bureau. Source of the Data and Accuracy of the Estimates for Income, Poverty, and Health Insurance Coverage in the United States: 2007). Because the Current Population Survey is based on a sample, estimates are an approximation.

One of the reports used for HSI #12, part of the U.S. Census Bureau's Annual Social and Economic Supplement, is entitled "POV 46: Poverty Status by State: 2008." For HSI #12, the component of this table that pertains to persons under 18 years of age is used. The table shows the "weighted person count" in thousands. Thus, the number shown on Form 21 for the "Total Population" in HSI #11 is an approximation of the number of Alabama residents aged 0-17 years.

All tables used for HSI #12 were retrieved from the U.S. Census Bureau's web site, <http://www.census.gov/>.

**40. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2011

**Field Note:**

The previously referenced report on poverty status does not provide estimates concerning household incomes below 50% of the federal poverty level (FPL), and we are not aware of any reports showing this indicator for Alabama in 2008. However, in the U.S. in 2008, 44.6261% of 0-17 year-old persons with a household income below 100% of the FPL had a household income below 50% of the FPL (reference: derived from U.S. Census Bureau Table "POV01, "Age and Sex of All People, Family Members and Unrelated Individuals Iterated by Income-to-Poverty Ratio and Race: 2008").

Per the Census Bureau table providing state-level estimates on poverty ("POV46: Poverty Status by State: 2008", in 2008 about 265,000 Alabama residents aged 0-17 years had a household income below 100% of the FPL. For estimation purposes, we assume that 44.6261% of these (about 118,259 persons) had a household income below 50% of the FPL. In this way, we estimate that, in 2008, about 10.6% (118,259/1,118,000) of 0-17 year-old Alabama residents had a household income below 50% of the FPL. We do not have the information necessary for calculating a confidence interval for this very rough estimate.

**41. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2011

**Field Note:**

In 2008, 23.7% of 0-17 year-old Alabama residents had a household income less than 100% of the FPL, with a 90% confidence interval of 19.4%-28.0%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The reference is the U.S. Census Bureau's table, "POV46: Poverty Status by State: 2008," retrieved on 5/26/2010.

**42. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2011

**Field Note:**

In 2008, 47.2% of 0-17 year-old Alabama residents had a household income less than 200% of the FPL, with a 90% confidence interval of 42.1%-52.3%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.) The reference is the U.S. Census Bureau's table, "POV46: Poverty Status by State: 2008," retrieved on 5/26/2010.

**43. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2011

**Field Note:**

Number Enrolled in Foster Care by Race:

Due to the implementation of a new database, the Alabama Department of Human Resources (DHR) was unable to provide more recent data than what were previously reported in the 2008 Report/2010 Application.

**44. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
Number Enrolled in Foster Home Care by Ethnicity:  
Due to the implementation of a new database, the DHR was unable to provide more recent data than what were previously reported in the 2008 Report/2010 Application.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AL**

Form Level Notes for Form 11

None

**STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the State CSHCN Program increases access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

**STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the State CSHCN Program promotes increased family and youth participation in policy-making.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None



**STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the State CSHCN Program promotes access to community-based services for CYSHCN and families.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

<b>Annual Objective and Performance Data</b>					
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Annual Performance Objective</b>		37	38.1	39.2	40.4
<b>Annual Indicator</b>	35.9	37.0	45.0	41.6	45.2
<b>Numerator</b>	180,089	188,475	226,476	203,444	235,378
<b>Denominator</b>	501,766	509,155	503,051	489,049	520,955
<b>Data Source</b>				CMS-416: Annual EPSDT Participation Report	CMS-416: Annual EPSDT Participation Report
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Annual Performance Objective</b>	41.6	42.9	45	45	
<b>Annual Indicator</b>					
<b>Numerator</b>	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:****Source:**

The numerator and denominator for this measure come from the Alabama Medicaid Agency's (Medicaid's) "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2009. Per this report, the age range is from birth through 20 years. All estimates are for fiscal years.

**Trends:**

From 2003-2008, single-year estimates for this indicator ranged from 31.5% in 2003 to 45.2% in 2009, with a median of 37.0% in 2006. With the exception of 2008, this indicator increased (improved) every year from 2004 onward.

**Objectives:**

Per the web-based Title V Information System instructions, objectives are not being updated at this time.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:****Source:**

The numerator and denominator for this measure come from the Medicaid's "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2008. Per this report, the age range is from birth through 20 years.

**Trends:**

The percentage of Alabama Medicaid EPSDT enrollees who received a dental service increased (improved) from 34.0% (501,766/1,475,464) in 2003-05 to 41.2% (618,395/1,501,255) in 2006-08: for an overall increase of 21.1% and an average annual increase of 6.6%.

With respect to single years, in 2008 the percentage of Alabama Medicaid EPSDT enrollees who received a dental service declined to 41.6%, which was 3.4% below the status (45.0%) in 2007. It is notable that, for the first time since FY 2003, the number of individuals eligible for EPSDT also declined in 2008.

**Objectives:**

We are aware that the observed value for 2008 surpasses the target for 2009. However, the decline of this indicator in 2008 makes future trends uncertain. Therefore, we have not changed targets for 2009-2012 and have set the target for 2013 to match the 2007 observed status of 45.0. Targets will be reconsidered in FY 2010.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

This indicator improved remarkably in FY 2007, when 45% of Alabama Medicaid EPSDT enrollees received a dental service. We are aware that the observed value for 2007 surpasses the targets for the years 2007 through 2011. However, since the marked improvement in 2007 may be atypical and the percentage could decline in the future, we have retained previously set targets and set the target for 2012 to match the year 2007 observed status of 45%. If the percentage remains at around 45% or higher in FY 2008, in FY 2009 we will revise the targets upward.

# STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percentage of 0-17 year-old children and youth who do not have a medical home.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

## Field Level Notes

None

**STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which statewide fetal and infant mortality review (FIMR) is implemented.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	18	18	18	18	18
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015**

The degree to which the Bureau of Family Health Services promotes a positive youth development model.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

**Field Level Notes**

None



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]*  
**STATE: AL**

**Form Level Notes for Form 12**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: AL**

SP(New for Needs Assessment cycle 2011-2015) # 1

<b>PERFORMANCE MEASURE:</b>	The degree to which the State CSHCN Program increases access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.
<b>STATUS:</b>	Active
<b>GOAL</b>	To increase access to culturally competent care coordination services for CYSHCN, including transition planning as appropriate.
<b>DEFINITION</b>	<p>A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes increased access to care coordination services. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.</p> <p><b>Numerator:</b> Annual score from measurement checklist; based on CSHCN Program data</p> <p><b>Denominator:</b> Annual goal</p> <p><b>Units:</b> 15   <b>Text:</b> Scale</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	
<b>DATA SOURCES AND DATA ISSUES</b>	The State CSHCN Program
<b>SIGNIFICANCE</b>	Current needs assessment findings from the county-level provider and family surveys as well as focus groups indicate that families of CYSHCN often don't know where to go or who to see for services or have difficulty navigating the system of care and may need assistance in connecting with resources at the local level. Youth and family surveys also highlight the importance of culturally competent care coordination and its impact on transition planning. Support for the selection of this need also includes data from the National Survey of Children with Special Health Care Needs, which indicated that almost 40 percent of Alabama CYSHCN did not receive all elements of needed care coordination. Planning for this need will require special consideration to cultural-language barriers/cultural competence and geographic differences.



**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program promotes increased family and youth participation in policy-making.

**STATUS:**

Active

**GOAL**

To increase family and youth participation in CYSHCN policy-making through support services and education/training.

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes increased family and youth participation in CYSHCN policy-making through support services and education/training. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.

**Numerator:**

Annual score from measurement checklist; based on CSHCN Program data

**Denominator:**

Annual goal

**Units:** 15 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The State CSHCN Program

**SIGNIFICANCE**

This need encompasses direct family and youth supports as well as enabling supports for participation in program decisions and policy development. It calls for planning and implementation of activities across all aspects of the service system for CYSHCN in the state and relies heavily on both direct supports and on education and training via existing family and youth networks and through new partnerships. Through the surveys and focus groups, families of CYSHCN and youth with SHCN reported a variety of needs for support services, informational materials, and training. According to the county-level provider surveys, family supports are less available, especially in the Rural South. Key informant interviews show that they are harder than would be expected to obtain statewide, and especially in rural areas and Black Belt counties. Planning for this need will require special consideration for cultural-language barriers and geographic differences.

**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program promotes access to community-based services for CYSHCN and families.

**STATUS:**

Active

**GOAL**

To promote access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources.

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program promotes access to community-based services for CYSHCN and families (including respite care, recreational opportunities, transportation, child care, and school-based services) through education, awareness, advocacy, and linking families with local resources. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. Each year, a scored checklist will be attached to Section IV. D. "Last Year's Accomplishments" for this measure.

**Numerator:**

Annual score from measurement checklist; based on CSHCN Program data

**Denominator:**

Annual goal

**Units:** 15 **Text:** Scale**HEALTHY PEOPLE 2010 OBJECTIVE****DATA SOURCES AND DATA ISSUES**

The State CSHCN Program

**SIGNIFICANCE**

Current needs assessment findings from county-level provider and family surveys as well as family and key State stakeholder focus groups indicate that families of CYSHCN have great difficulty accessing community-based services. All 23 listed were ranked by key informants as "harder than you would expect" for families to obtain, statewide and by geographic or Black Belt designations, and were ranked as some of the greatest needs for local areas. They were also less available according to the county-level provider surveys. Family survey data also supports the selection of this need. Of all 23 services listed, only seven were reported as needed but not obtained by greater than 20 percent of respondents. All seven of these services were community-based services, including those targeted by this measure. Activities toward meeting this need will rely heavily on education and awareness for youth, families, and providers related to what services are available and what are needed at the local levels. It will require data dissemination from the needs assessment, support for and stimulation of grassroots efforts to develop local delivery systems, and advocacy and leadership training for families and youth – empowering them as agents of change in their local communities. Planning for this need will require special consideration for cultural-language barriers and geographic differences.

**PERFORMANCE MEASURE:**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

**STATUS:**

Active

**GOAL**

To increase the proportion of Alabama EPSDT-eligible children and youth who receive any dental service in a 1-year period.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of EPSDT-enrolled individuals aged 0-20 years who received any dental service in the fiscal year, per the pertinent Alabama Title XIX report.

**Denominator:**

Total number of EPSDT-enrolled individuals aged 0-20 years in the fiscal year, per the pertinent Alabama Title XIX report.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-10: Increase the proportion of children and adults who use the oral health care system.

The 2010 baseline for U.S. children, adolescents, and young adults aged 2-19 years whose household income is under 200% of the federal poverty level is 20%. The national target is 56%.

**DATA SOURCES AND DATA ISSUES**

Data source is the "Alabama Title XIX Annual EPSDT Participation Report."

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups." Oral health care is an important, but often neglected, component of total health care. Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral disease and conditions. Experts recommend that children as young as age 1 year be examined for evidence of early childhood caries. Further, parents should be advised to avoid feeding practices that may lead to early development of caries, and should be counseled about appropriate use of fluoride and other preventive measures. Necessary tooth restorative care must be provided to avoid pain, abscesses, and the need for tooth extractions. Sealants should be placed shortly after the permanent molars erupt. The percentage of Alabama Medicaid-enrolled children who received dental care in the reporting year increased from 25.6% in fiscal year 2000 to 34.9% in fiscal year 2003. Nevertheless, in light of the Healthy People 2010 objective of 56%, continued efforts are warranted to increase the number of dental providers who serve Medicaid-enrolled children and the proportion of Medicaid-enrolled children who receive dental care at least annually.

<b>PERFORMANCE MEASURE:</b>	The percentage of 0-17 year-old children and youth who do not have a medical home.
<b>STATUS:</b>	Active
<b>GOAL</b>	To reduce the percentage of children and youth who do not have a medical home.
<b>DEFINITION</b>	<p>See respective descriptions of performance measure, numerator, and denominator.</p> <p><b>Numerator:</b> Per the National Survey of Children's Health (NSCH), the weighted number of 0-17 year-old Alabama residents who do not have a usual place for sick and well care.</p> <p><b>Denominator:</b> Per the NSCH, the weighted number of 0-17 year-old Alabama children and youth.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	<p>Objective 1-5: Increase the proportion of persons with a usual primary care provider.</p> <p>Draft Healthy People 2010 Objective (to be retained from Healthy People 2010): AHS HP2020-3: Increase the proportion of persons with a usual primary care provider.</p>
<b>DATA SOURCES AND DATA ISSUES</b>	<p>The data source is the NSCH, which is mainly funded by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services. The sampling and data collection for the NSCH, 2003 and 2007 were conducted using the State and Local Area Integrated Telephone Survey (SLAITS) Program. Telephone numbers were called at random to identify households with 1 or more children under 18 years of age. In each household, 1 child was randomly selected to be the subject of the interview. Survey results were weighted to represent the population of non-institutionalized children aged 0-17 years nationally and in each state. For years between the surveys, the most recent estimate would be used.</p>
<b>SIGNIFICANCE</b>	<p>The term "medical home" pertains to medical care for infants, children, and adolescents that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The medical home concept was first proposed by the American Academy of Pediatrics (AAP) in a 1992 policy statement, which was updated in 2002. The AAP emphasizes that a medical home is "not a building, house, or hospital, but rather an approach to providing continuous and comprehensive primary pediatric care from infancy through young adulthood, with availability 24 hours a day, 7 days a week, from a pediatrician or physician whom families trust." Reference: "Frequently Asked Questions" section of the NSCH web site (<a href="http://nschdata.org/">http://nschdata.org/</a>), accessed on 5/25/2010.</p>

**PERFORMANCE MEASURE:**

The degree to which statewide fetal and infant mortality review (FIMR) is implemented.

**STATUS:**

Active

**GOAL**

1) To describe significant social, economic, cultural, safety, health, and systems factors that contribute to infant mortality. 2) To design and implement community-based action plans founded upon information obtained from the reviews.

**DEFINITION**

This measure is scored on a scale of 0-18, using a checklist that, effective July 2011, will be attached to discussion of "Last Year's Accomplishments" concerning this measure. The checklist will be developed in FY 2010, in consultation with the Director of the State Perinatal Program, which is administratively located in the Alabama Department of Public Health's Bureau of Family Health Services. The checklist will include criteria concerning: 1) the presence of at least 1 infant death case review team in each of the State's 5 perinatal regions; 2) development of a statewide database framework; 3) the presence of at least 1 community action team in each perinatal region; 4) reporting by each case review team to its local community action team, about identified community-level or systems-level issues; 5) when appropriate, community-level or systems-level actions to address the identified issues; and 6) annual, state-level analysis of data submitted by the case review teams.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 18 **Text:** Scale**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1. Reduce fetal and infant deaths.

Draft Healthy People 2020 Objective: MICH HP2020-15: Reduce fetal and infant deaths.

**DATA SOURCES AND DATA ISSUES**

Checklist developed by the Bureau of Family Health Services, which details the 6 criteria summarized under "Definition." Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for this indicator is the sum of the scores for the 5 items.

**SIGNIFICANCE**

One of the MCH priority needs selected by ADPH was to "Reduce infant mortality, especially among African Americans." Infant mortality and racial disparities in infant mortality have long been a concern in Alabama, as well as the nation as a whole. ADPH's FIMR Program is modified after the American Congress of Obstetricians and Gynecologists' (ACOG's) model. For several years, the U.S. Health Resources and Services Administration's Maternal and Child Health Bureau and ACOG have partnered to refine and promote the FIMR process. ACOG envisions that more communities across the nation will adopt the action-oriented FIMR process. According to ACOG, communities that adopt this process are generating better service systems and resources and community-wide confidence in a better future. (References: "About NFIMR" and "FIMR: A Decade of Lesson's Learned." Both accessed from ACOG's web site, <http://www.acog.org/>, on 5/26/2010.)

**PERFORMANCE MEASURE:**

The degree to which the Bureau of Family Health Services promotes a positive youth development model.

**STATUS:**

Active

**GOAL**

To reduce the occurrence of high-risk behaviors during adolescence through the promotion of positive youth development.

**DEFINITION**

This measure is scored on a scale of 0-15, using a checklist attached to the discussion of "Last Year's Accomplishments" for this measure. The checklist includes items pertaining to: 1) increased funding for implementation of positive youth development models, 2) public awareness of positive youth development principles, 3) targeted continuing education for professionals serving youth, 4) use of social media to reach youth, and 5) integration of positive youth development into all Alabama Department of Public Health initiatives targeted to adolescents.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 15 **Text:** Scale**HEALTHY PEOPLE 2010 OBJECTIVE**

No precisely corresponding objective.

**DATA SOURCES AND DATA ISSUES**

Checklist developed by the Bureau, which includes each criterion mentioned in the definition. Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for this indicator is the sum of the scores for the 5 items.

**SIGNIFICANCE**

This performance measure pertains to the State's priority MCH need to "promote positive youth development to reduce high-risk behaviors in adolescence." Alabama has a long history of high indicators related to many youth risk behaviors, such as smoking, underage drinking, and initiation of sexual activity (as evidenced by the teen birth rate). A positive youth development approach seeks to engage young people in a variety of developmentally appropriate activities within the community to promote the development of a positive self image, social skills, values, and a commitment to learning. Youth who envision a positive future for themselves are more likely to view participation in risky behaviors as obstacles to the achievement of their educational, vocational, and personal goals.

